M I S S O U R I

DEPARTMENT OF MENTAL HEALTH

Annual Safety Report

Submitted to Governor Jeremiah W. (Jay) Nixon
June 30, 2010

http://dmh.mo.gov/spectopics/DMHSafetyReports.htm

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

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June 30, 2010

Governor Jeremiah W. (Jay) Nixon
Lieutenant Governor Peter Kinder
Missouri Mental Health Commission

Re: 2010 Annual Report on Implementation of Safety Recommendations

Dear Governor Nixon, Lieutenant Governor Kinder and Commissioners:

The Department of Mental Health is pleased to present the 2010 Annual Safety Report. The 2009 report documented completion of the safety recommendations made by the 2006 Mental Health Task Force. This year's report adopts a new format and provides a summary of critical safety measures tracked by DMH staff and routinely monitored by the Mental Health Commission. By institutionalizing and reviewing performance indicators, DMH has embraced its ongoing commitment to transparency and accountability for consumer safety.

Sincerely,

Lynn Carter

Lynn Carter, MSW, LCSW
Deputy Director

Contents

Executive Summary

Protecting the well being of Department of Mental Health (DMH) consumers is a job that is never done. It requires ongoing attention and vigilance through institutionalized quality management processes that monitor safety indicators, identify problems early and institute individual and systemic corrective actions. With the completion of the Mental Health Task Force (MHTF) safety agenda in 2009, DMH instituted processes to institutionalize systematic review and consideration of safety related data to inform decision making for DMH facilities and provider monitoring.

In recent years, the Mental Health Commission has undertaken quarterly review of performance indicator data, supplementing the careful and disciplined analysis that takes place at the local level. Facility and treatment program staff use the data for individual and programmatic quality improvement.

The Commission's performance review process has paved the way for a new type of safety report. After a brief background review, the 2010 edition of the annual report presents a series of more than 90 data tables related to DMH consumer demographics as well staffing, adverse events such as injuries, investigations of abuse and neglect, and death rate information. These tables provide a snapshot of safety performance as reflected in a number of factors such as consumer demographics and acuity indicators, staffing levels and demands, census, injuries to consumers and staff, and abuse/neglect reporting, investigation and findings. Charts include up to two (2) years of data to assist in identifying patterns and trends. The following observations are notable:

- Declines in CPS inpatient youth injuries correlate with reduced use of restraint and seclusion.
- Overtime continues to present staffing challenges in CPS and DD facilities.
- Bed closures have increased in acute facilities due to staffing and budget shortfalls.
- Long term facilities continue to operate above capacity.
- Staff injury rates have decreased in the three most recent quarters.
- High proportions of habilitation center clients require formal behavior support programs.

Although the data is informative and provides transparency and accountability for consumer safety, its greatest value is its use as a systemic quality improvement tool to make DMH services and systems safer for DMH consumers. Examples of key activities DMH has undertaken in the last year to improve safety include, but are not limited to:

- Initiatives for safe use of restraint and seclusion, with many CPS and DD facilities continuing their efforts to reduce its use or eliminate it entirely.

- Risk prediction modeling to identify consumers at risk for higher rates of restraint and seclusion to implement prevention and early intervention strategies.
- Concerted efforts to address staff injury rates at Fulton State Hospital due to high rates of staff injury and workers compensation claims.
- Diligent efforts to reduce census at facilities operating above capacity.

The routine review of performance data and trends provides a tool to evaluate the success of these and future quality improvement efforts.

Introduction

Purpose of Report

As the final recommendation in its November 2006 report, the Mental Health Task Force (MHTF) mandated the creation of an annual safety report to be prepared by the Missouri Department of Mental Health (DMH). The annual report, due each year on June 30, is to be submitted to:

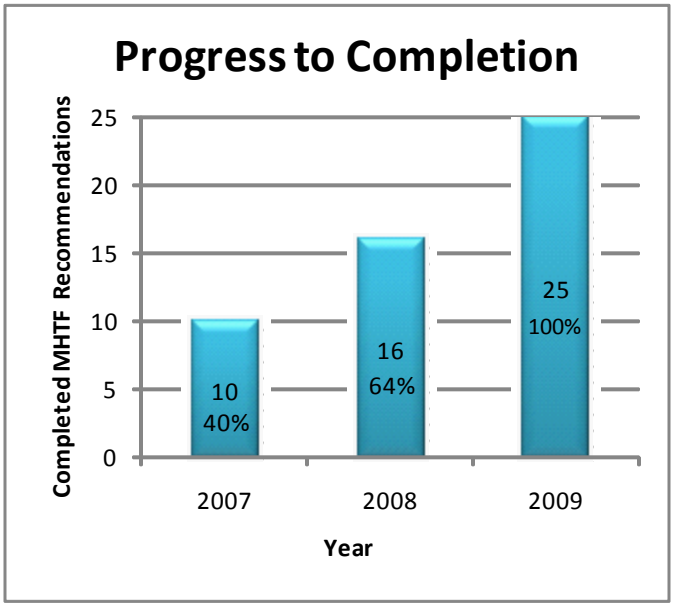
- The Governor;
- The Lt. Governor; and
- The Mental Health Commission (MHC).

In past years, the report summarized DMH progress toward implementing twenty-five (25) recommendations. With the completion of the recommendations in 2009, this and future reports will provide a compilation of key performance measures for DMH that are tracked by the Mental Health Commission and include safety as a core concern.

Background Information

In 2006, public concern emerged about safety for DMH consumers. A Governor-appointed task force was convened as the Mental Health Task Force and was given the charge to review best practices and make recommendations for changes to the mental health system that would result in improved safety for DMH consumers. After months of public dialogue and careful deliberation, the MHTF issued its report in November 2006. The full report is available for public review at http:\\www.dmh.mo.gov\mmhtaskforce\index.htm.

As recommended by the MHTF, the first Annual DMH Safety report was submitted in 2007 followed by the second and third reports in 2008 and 2009. These reports are posted for public review on the DMH website at http:\\www.dmh.mo.gov\spectopics\DMHSafetyReports.htm. The 2010 report is dramatically different in format with the completion of the MHTF recommendations in 2009 as documented in the chart. The report will now provide an annual status update of consumer safety as represented by a summary of DMH performance measures that include safety-related indicators.



Performance Measures

Protecting the well being of Department of Mental Health consumers is a job that is never done. Protection from harm requires ongoing attention and vigilance through institutionalized quality management processes that monitor safety indicators, identify problems early and institute immediate correctiive actions.

The following report represents the quality improvement systems in place that collect, compile and analyze data for presentation to Division and Department leadership. The Mental Health Commission reviews the data on a quarterly basis, often sharing direction and guidance related to their observations and concerns.

Charts contained in the report represent the status for each measure as well as data for the previous one (1) to two (2) years, providing the opportunity to identify changes and trands over time.

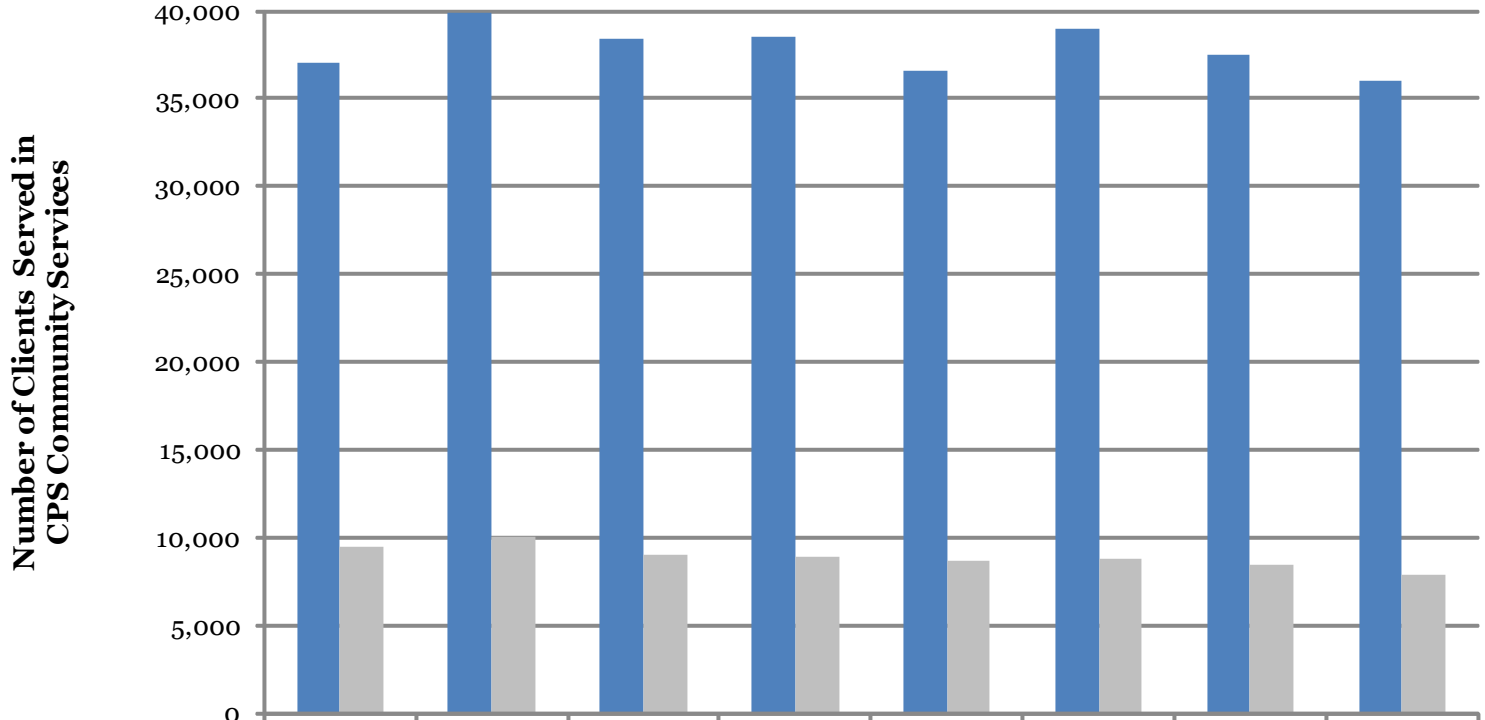
DMH Performance Measures

May 2010

MISSOURI DEPARTMENT OF
MENTAL
HEALTH

Division of Comprehensive Psychiatric Services

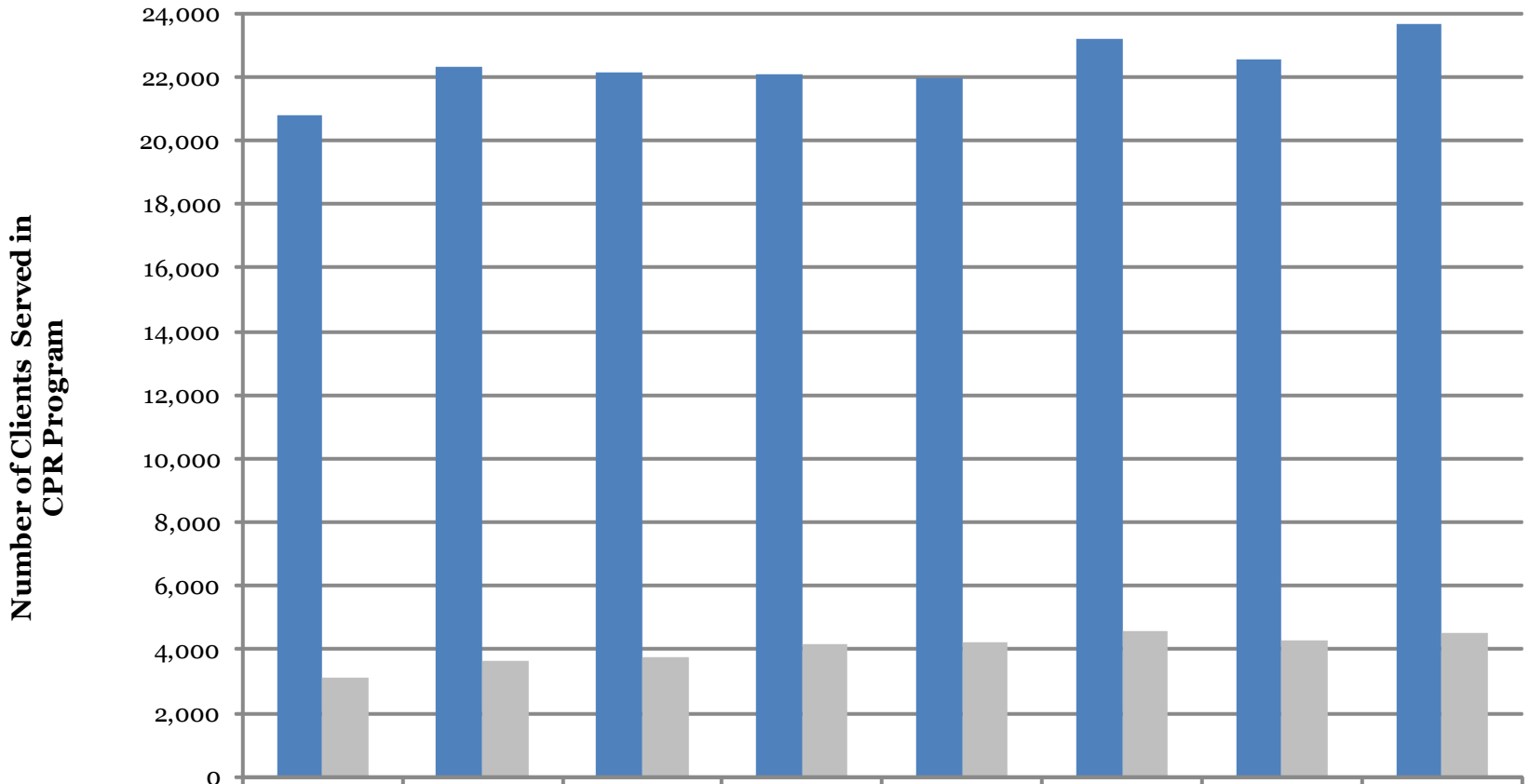
Clients Receiving CPS Community Services



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Adults Receiving CPS Community Services	37024	39912	38437	38506	36534	39025	37483	35967
Youth Receiving CPS Community Services	9476	10006	9087	8970	8669	8858	8423	7905

SIGNIFICANCE: The long term trend (over many years) has been one of slowly increasing numbers of CPS community clients. It is too soon to yet call it a new trend for adults, but initial results for this year suggest a possible decline. A downward trend for numbers of CPS youth is already clear.

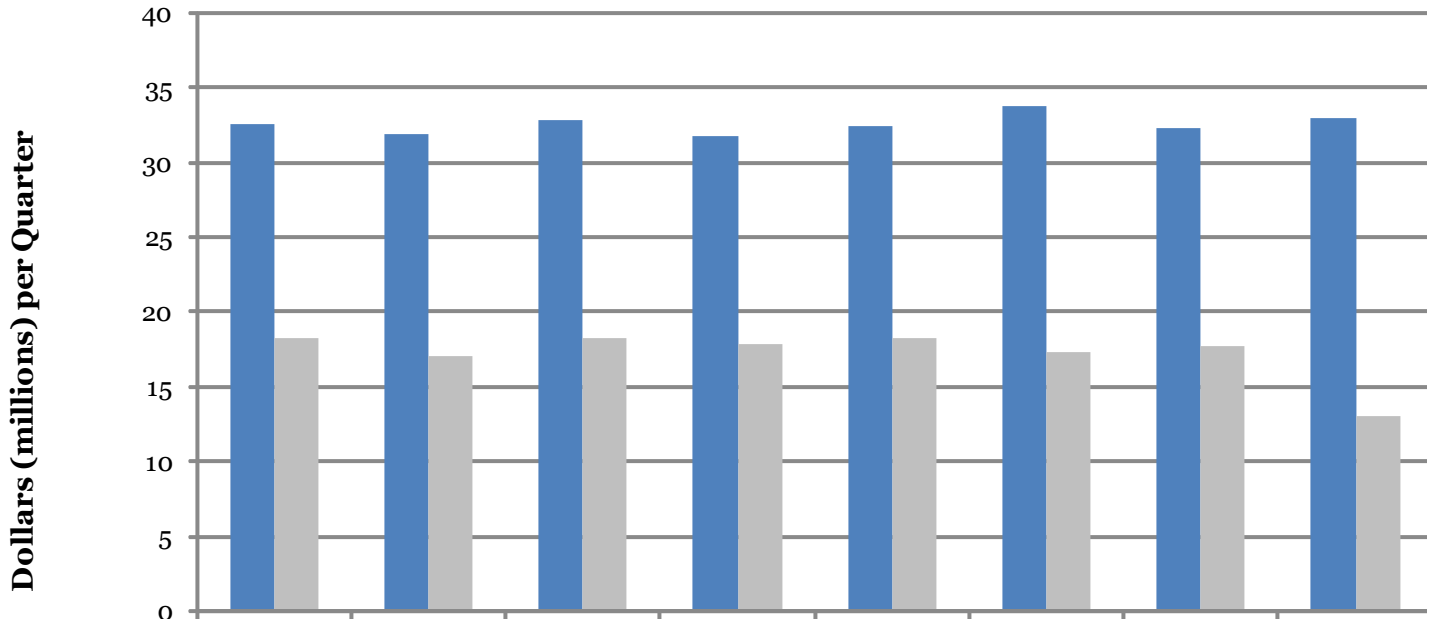
Clients in the Community Psychiatric Rehabilitation Program



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Adults Receiving CPR Services	20786	22318	22160	22097	21952	23217	22572	23652
Youth Receiving CPR Services	3142	3643	3767	4171	4242	4572	4271	4544

SIGNIFICANCE: Most of the relatively recent decline in numbers of youth served appears to have been in programs other than CPR. In fact, there appears to be a slight trend into the CPR program even as overall client numbers decline.

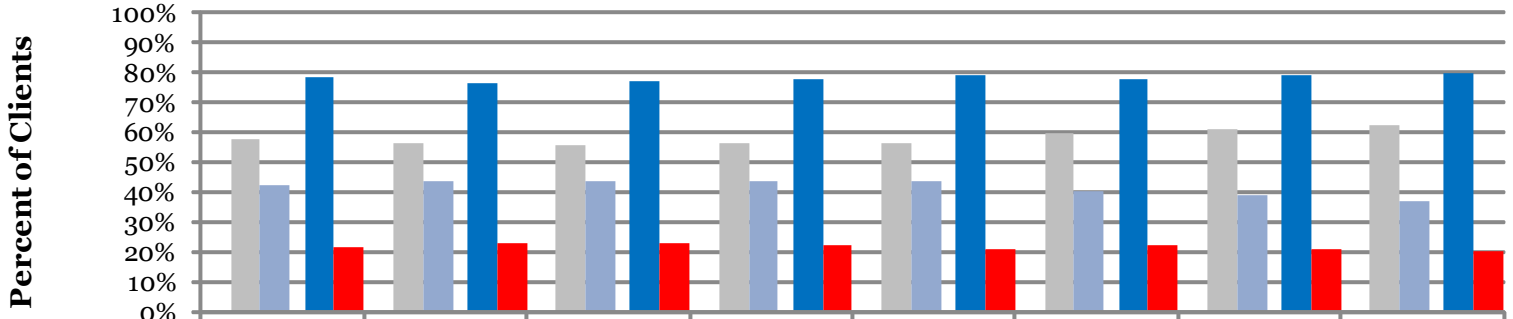
Funding Sources for CPS Community Clients



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Community Services via MHN (state+fed $)	32.583	31.927	32.825	31.755	32.444	33.763	32.249	32.942
Community Services via CPS POS	18.289	17.039	18.315	17.845	18.239	17.323	17.669	13.009

SIGNIFICANCE: POS services have taken the larger part of budget cuts this year, so while 2 quarters of declining POS spending is a very short trend it is a trend that is expected to continue. That said, the most recent quarter numbers are subject to upward revision as late service claims come in.

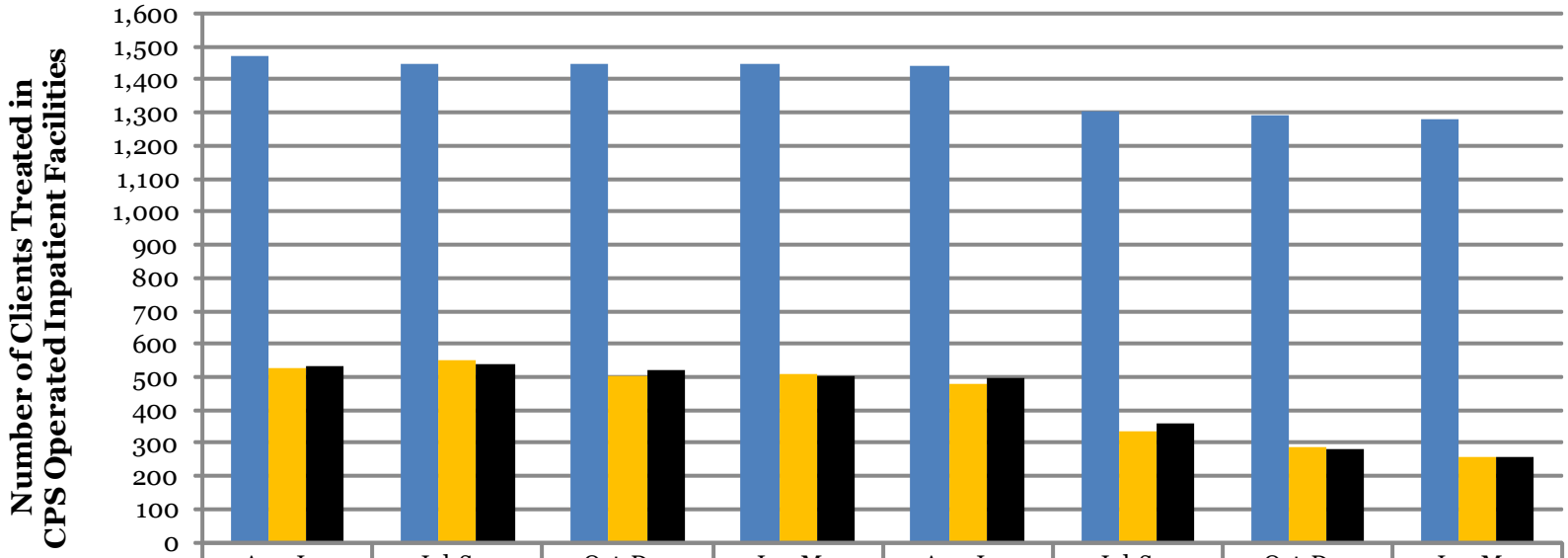
Medicaid Eligibility of CPS Clients



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
CPS Facility Client Count	2,832	2,920	2,806	2,806	2,724	2,282	2,104	2,009
M.E. Clients - CPS State Facilities	1,635	1,650	1,572	1,573	1,535	1,359	1,279	1,260
% M.E. -- CPS State Facility Clients	57.7%	56.5%	56.0%	56.1%	56.4%	59.6%	60.8%	62.7%
Not M.E. Clients - CPS State Facilities	1,197	1,270	1,234	1,233	1,189	923	825	749
% Not M.E. -- CPS State Facilities	42.3%	43.5%	44.0%	43.9%	43.6%	40.4%	39.2%	37.3%
CPS Community Client Count	46,500	49,918	47,524	47,476	45,203	47,883	45,906	43,872
M.E. Clients -- All CPS Community	36,353	38,321	36,658	36,957	35,881	37,249	36,287	35,007
% M.E. -- All CPS Community	78.2%	76.8%	77.1%	77.8%	79.4%	77.8%	79.0%	79.8%
Not M.E. Clients -- All CPS Community	10,147	11,597	10,866	10,519	9,322	10,634	9,619	8,865
% Not M.E. -- All CPS Community	21.8%	23.2%	22.9%	22.2%	20.6%	22.2%	21.0%	20.2%

SIGNIFICANCE: There has been a very gradual increase in the proportion of CPS clients with Medicaid Eligibility over the past two years.

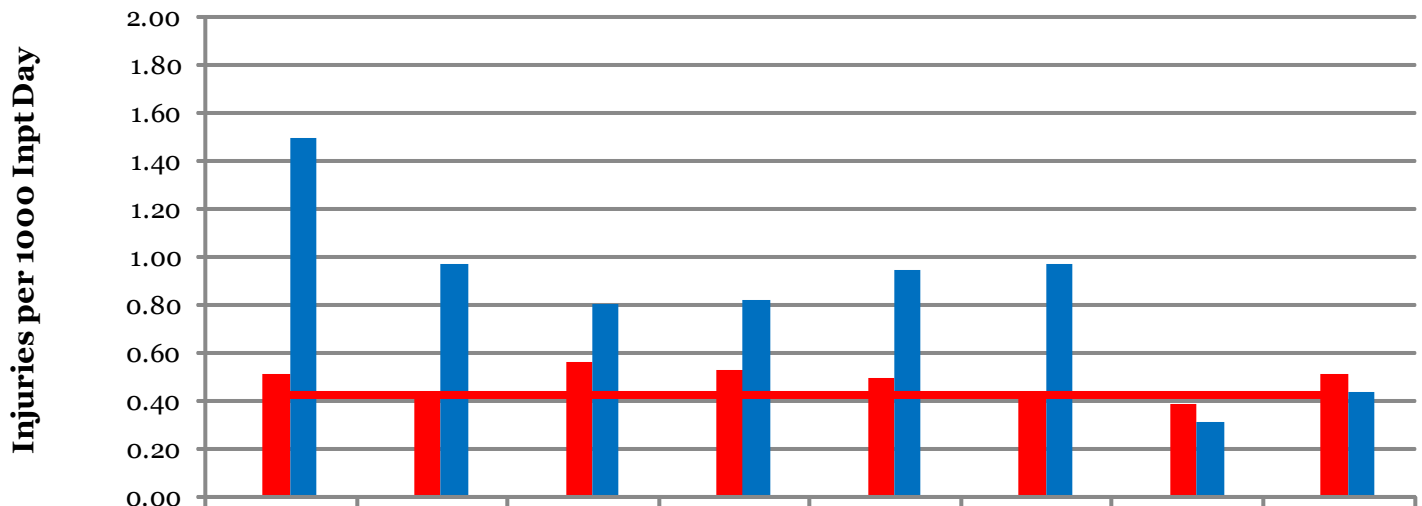
Clients in CPS Operated Inpatient Facilities



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Average Daily Inpatient Census	1472	1448	1445	1448	1439	1305	1292	1281
Admissions to CPS Inpatient / month	526	553	503	511	477	336	286	255
Discharges from CPS Inpatient / month	535	538	520	502	495	358	282	255

SIGNIFICANCE: The reduced admissions/discharges and daily census numbers for CPS operated facilities in the first 2 quarters of FY10 are a direct result of P.A.C.T. (Psychiatric Acute Care Transformation) activities which shifted state operated acute psychiatric beds in Kansas City and Columbia to the private sector.

CPS Inpatient Client Injuries

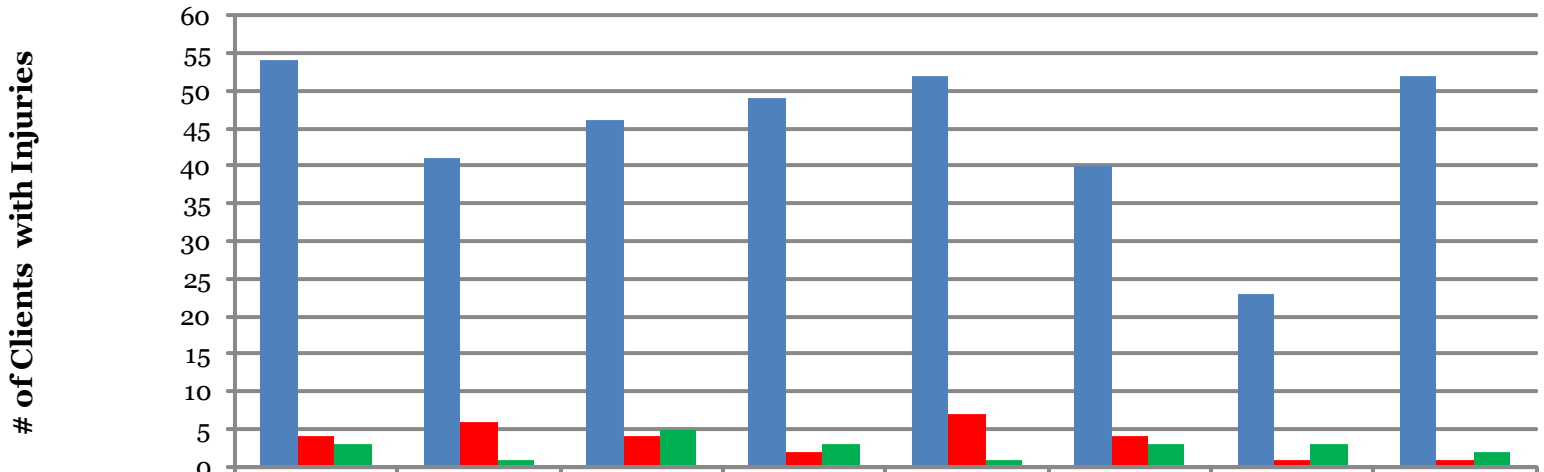


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
CPS Inpt Adult Injuries	65	53	71	65	62	49	46	58
# CPS Adult Inpt Days	127001	126378	125765	123694	124661	118210	117737	114048
CPS Inpt Adult Injuries/1000 PtDays	0.512	0.419	0.565	0.525	0.497	0.415	0.391	0.509
CPS Inpt Youth Injuries	11	7	6	6	7	6	2	3
# CPS Youth Inpt Days	7348	7217	7457	7282	7374	6182	6382	6930
CPS Inpt Youth Injuries/1000 PtDays	1.497	0.970	0.805	0.824	0.949	0.971	0.313	0.433
National Inpt Injury Rate (ORYX)	0.425	0.425	0.425	0.425	0.425	0.425	0.425	0.425

NOTE: "Injuries" for CPS Inpatient clients include those requiring medical intervention or more. Use of patient days is a standard way to adjust for facility size on inpatient metrics for measures that apply to both acute and long term facilities – use of simple client counts would result in disproportionately high client counts in acute facilities due to relatively rapid turnover and short length of stays. Also, using this definition allows CPS to benchmark to the NRI/ORYX rate of 0.425 injuries per 1000 patient days. (Calendar 2008 average)

SIGNIFICANCE: The recent decline in inpatient youth injuries at least correlates with reduced restraint and seclusion.

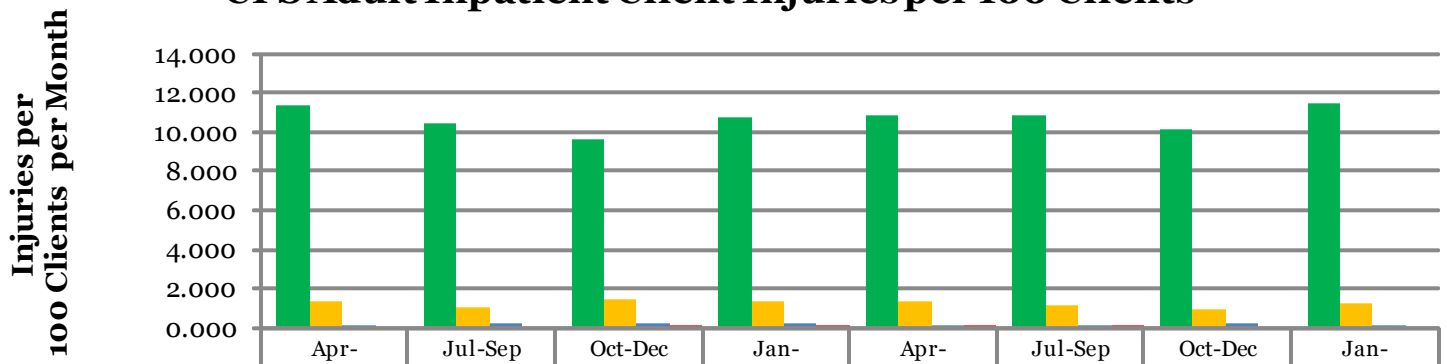
CPS Inpatient Injuries -- Clients with 1,2,3 or more Injuries



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# CPS Inpatients with 1 Injury	54	41	46	49	52	40	23	52
# CPS Inpatients with 2 Injuries	4	6	4	2	7	4	1	1
# CPS Inpatients with 3+ Injuries	3	1	5	3	1	3	3	2

NOTE: "Injuries" on this chart includes those requiring at least medical intervention. This definition pairs with With the first (ORYX definition chart) but not the above "community definition chart. Also note that the Hab Centers have a different reporting standard of including first aid injuries -- thus a much broader class of event. This graph identifies clients with multiple injuries (by ORYX definition) during each quarter. **SIGNIFICANCE: For the most part, these more serious categories of injury involve different clients rather than the same clients injured multiple times within the quarter.**

CPS Adult Inpatient Client Injuries per 100 Clients

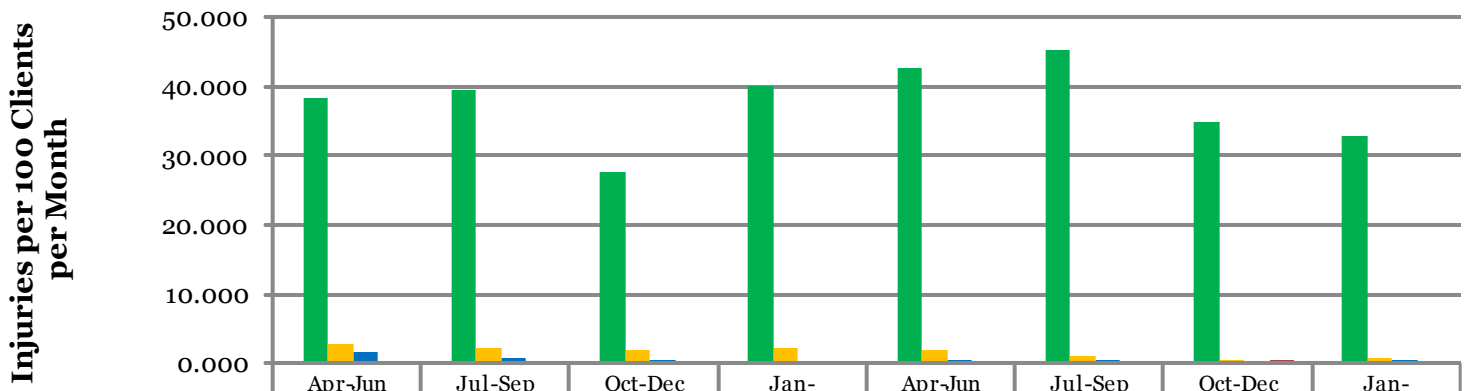


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Inpt Adult Inuries (first aid)	480	439	403	443	452	428	399	436
Adult Inpt Injuries (first aid) per 100 consumer/mo	11.338	10.421	9.613	10.744	10.877	10.862	10.167	11.469
# Inpt Adult Inuries (medical intervention)	59	42	59	57	56	43	36	46
Adult Inpt Injuries (med int) per 100 consumer/mo	1.394	0.997	1.407	1.382	1.348	1.091	0.917	1.210
# Inpt Adult Inuries (hospitalization)	5	11	10	7	3	5	7	6
Adult Inpt Injuries (hosp) per 100 consumer/mo	0.118	0.261	0.239	0.170	0.072	0.127	0.178	0.158
# Inpt Adult Inuries (death)	0	0	2	1	2	1	0	0
Adult Inpt Injuries (death) per 100 consumer/mo	0.000	0.000	0.048	0.024	0.048	0.025	0.000	0.000

NOTE: Inpatient injury reports include those requiring only first aid, which community reports do not, so this graph separates by severity of injury category. Comparisons to community rates can only be made based on the 2 most severe injury categories.

SIGNIFICANCE: The overwhelming majority of adult inpatient injuries are first aid only severity. However, serious injury rates are higher for CPS inpatient clients than in the community.

CPS Youth Inpatient Client Injuries per 100 Clients

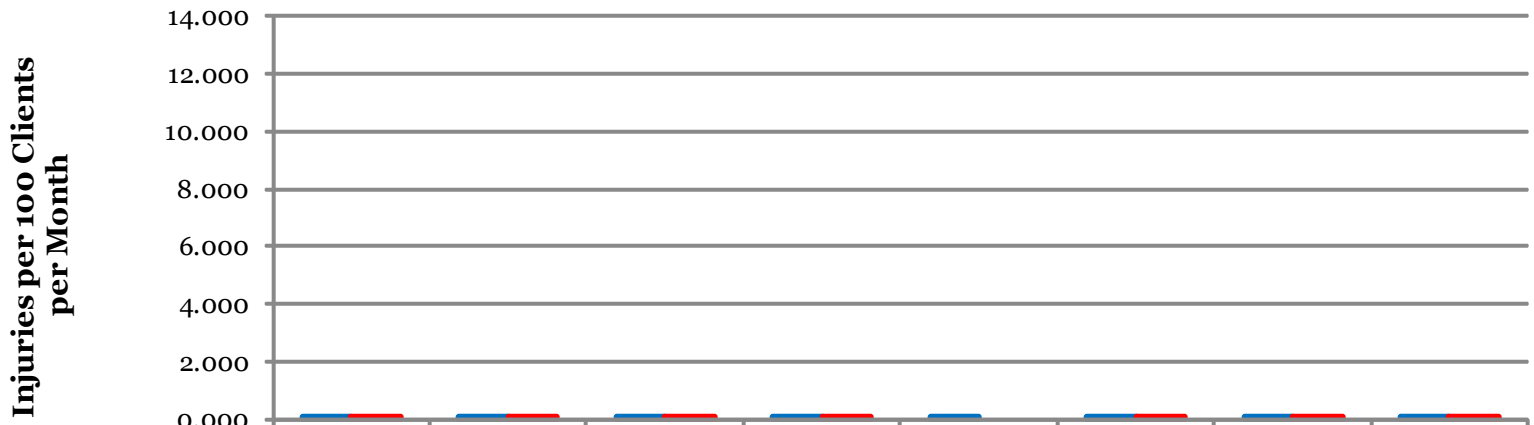


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Inpt Youth Injuries (first aid)	94	95	69	97	105	93	74	76
Youth Inpt Injuries (first aid) per 100 consumer/mo	38.378	39.490	27.759	39.962	42.718	45.131	34.785	32.900
# Inpt Youth Injuries (medical intervention)	7	5	5	5	5	2	1	2
Youth Inpt Injuries (med int) per 100 consumer/mo	2.858	2.078	2.012	2.060	2.034	0.971	0.470	0.866
# Inpt Youth Injuries (hospitalization)	4	2	1	0	1	1	0	1
Youth Inpt Injuries (hosp) per 100 consumer/mo	1.633	0.831	0.402	0.000	0.407	0.485	0.000	0.433
# Inpt Youth Injuries (death)	0	0	0	0	0	0	1	0
Youth Inpt Injuries (death) per 100 consumer/mo	0.000	0.000	0.000	0.000	0.000	0.000	0.470	0.000

NOTE: Inpatient injury reports include those requiring only first aid, which community reports do not, so this graph separates by severity of injury category. Comparisons to community rates should only be made based on the 2 most severe injury categories.

SIGNIFICANCE: There is a significantly higher rate of youth inpatient injuries than adult. This is due to the very high numbers of first aid only injuries reported for youth.

CPS Adult Community Client Injuries

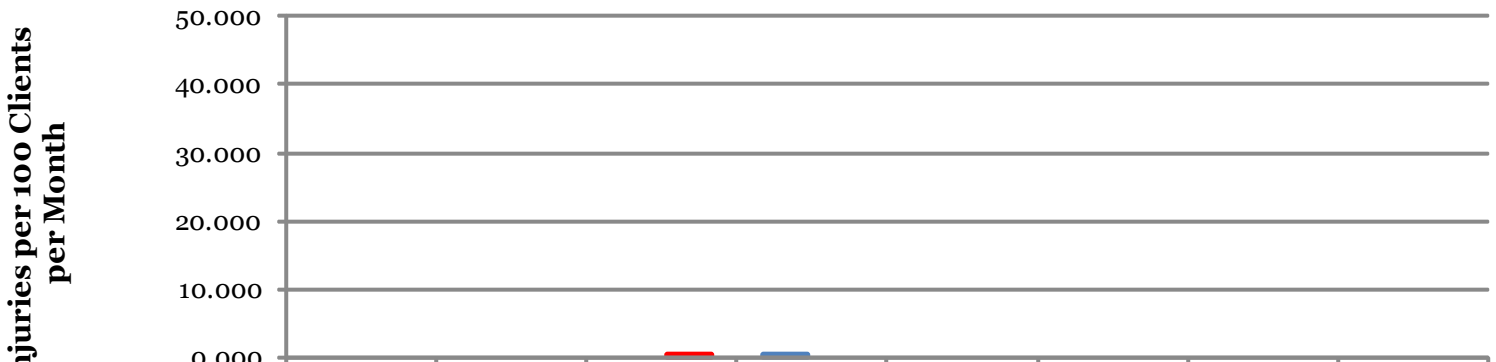


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Adult Injuries (hospitalization)	14	15	11	7	4	6	1	9
Adult Injuries (hosp.) per 100 consumers/mo	0.017	0.017	0.013	0.008	0.005	0.007	0.001	0.011
# Adult Injuries (death)	5	8	2	2	0	1	2	5
Adult Injuries (death.) per 100 consumers/mo	0.006	0.009	0.002	0.002	0.000	0.001	0.002	0.006
# Adult Consumers/month	27589	29493	28620	29008	27383	30196	29287	27521

NOTE: "Injuries" for CPS community clients include those requiring hospitalization but not those requiring first aid or medical care less than hospitalization.

SIGNIFICANCE: There is a very low rate of serious injury to clients receiving CPS community services.

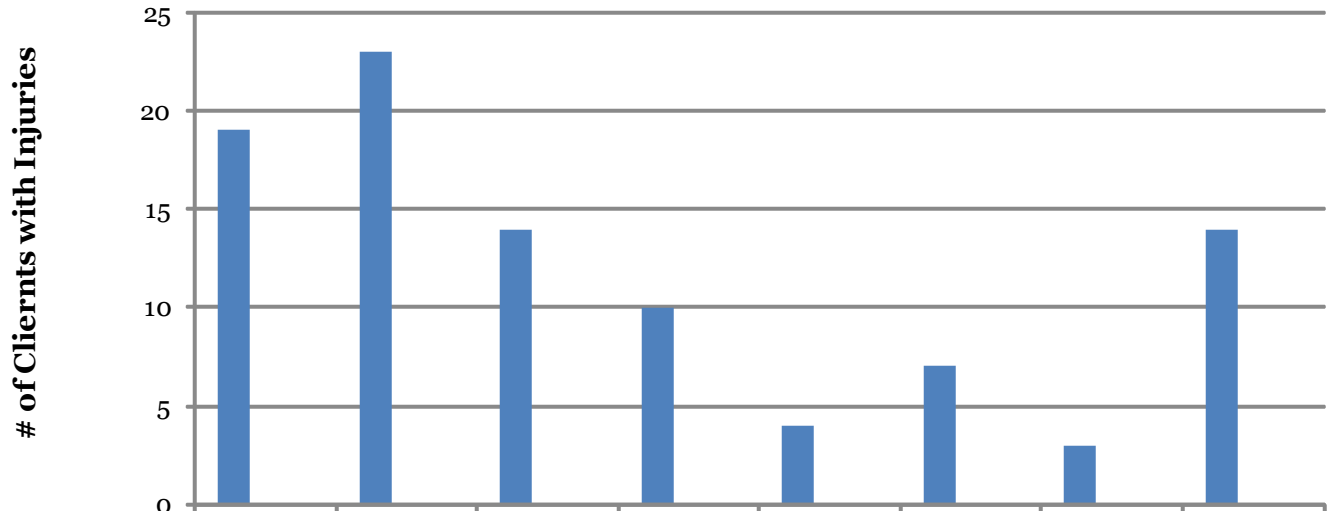
CPS Youth Community Client Injuries



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Youth Injuries (hospitalization)	0	0	0	1	0	0	0	0
Youth Injuries (hosp.) per 100 consumers/mo	0.000	0.000	0.000	0.005	0.000	0.000	0.000	0.000
# Youth Injuries (death)	0	0	1	0	0	0	0	0
Youth Injuries (death.) per 100 consumers/mo	0.000	0.000	0.005	0.000	0.000	0.000	0.000	0.000
# Youth Consumers/month	6827	6980	6755	6545	6297	6451	6188	5894

NOTE: "Injuries" for CPS community clients include those requiring hospitalization but not those requiring first aid or medical care less than hospitalization.
SIGNIFICANCE: There is a very low rate of serious injury to clients receiving CPS community services, lowest of all for youth in CPS community services.

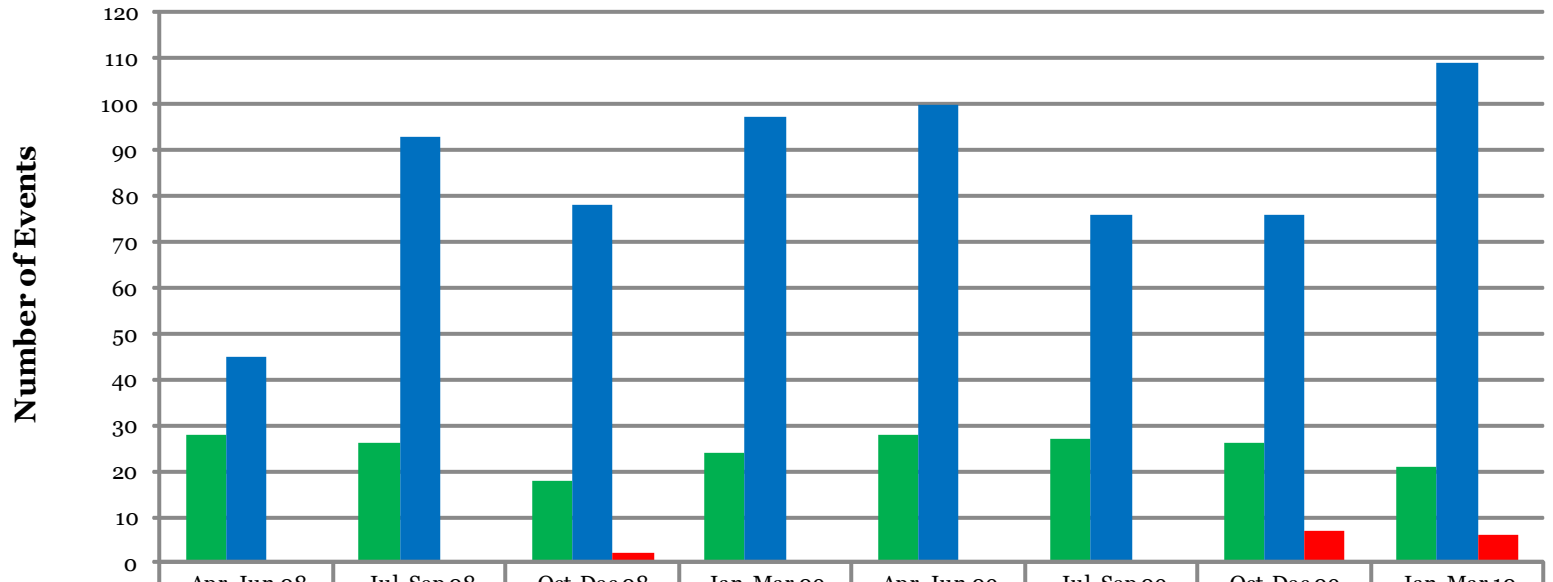
CPS Community Injuries -- Clients with 1, 2 or more Injuries



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# CPS Commuity Clients with 1 Injury	19	23	14	10	4	7	3	14
# CPS Commuity Clients with 2 Injuries	0	0	0	0	0	0	0	0
# CPS Commuity Clients with 3+ Injuries	0	0	0	0	0	0	0	0

NOTE: This includes injuries requiring medical intervention or hospitalization and would identify clients with multiple injuries during each quarter, although 100% of the clients with such injuries had only 1. (Also note that 26-28,000 clients per quarter had no injuries at all.)

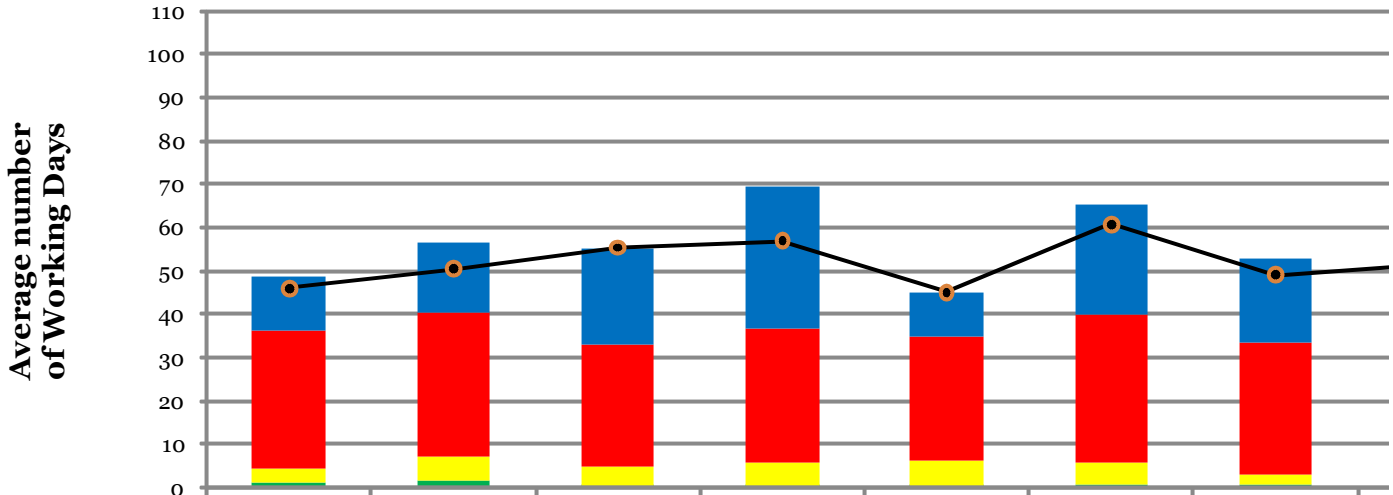
CPS Inpatient Inquiries into Potential Abuse/Neglect Allegations



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Inpt A/N Investigations Opened	28	26	18	24	28	27	26	21
CPS Inpt Inquiries	45	93	78	97	100	76	76	109
CPS Inpt Decisions Pending	0	0	2	0	0	0	7	6

NOTE: If an allegation is made but has not yet been assigned an investigation or inquiry it is counted as "pending" above. If an event initial had an inquiry but then an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases under review. Also note that a "decision" to open an investigation is only the start of the investigation process -- when a final judgment is made regarding an allegation that is called a "determination" and the investigation is completed.

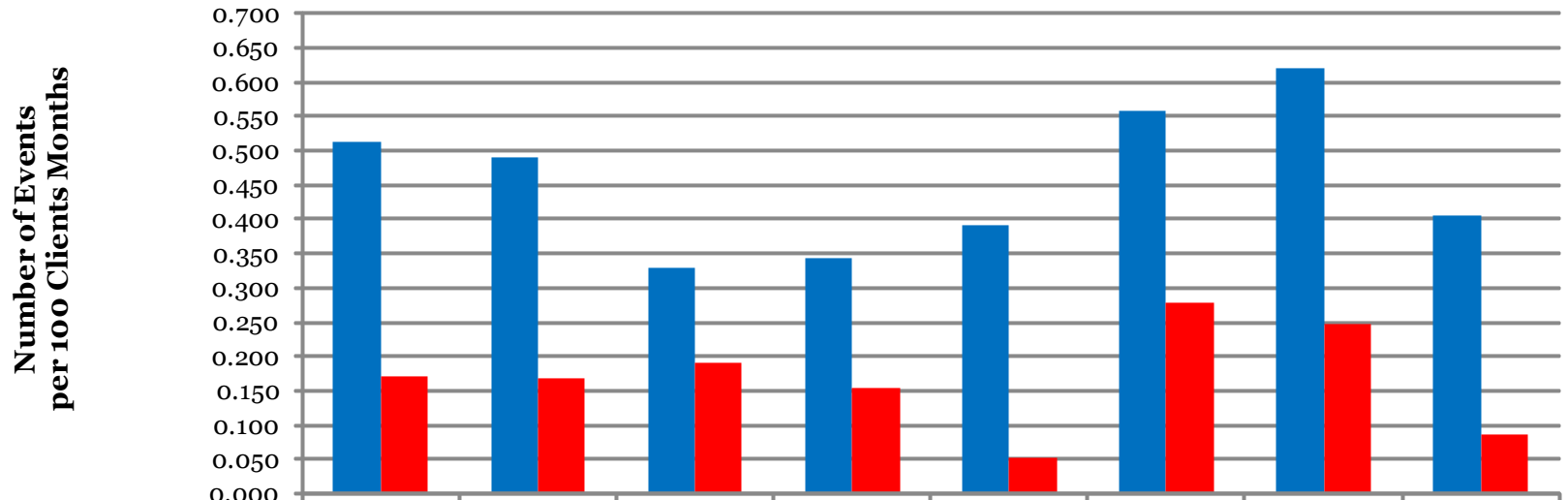
Duration of Investigation Process for CPS Inpatient



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09
CPS Inpt Investigation Event Count	31	44	24	21	20	49	40
CPS Inpt: Inv. Final Report to Final Determination	12.19	16.20	22.50	32.76	10.20	25.41	19.48
CPS Inpt: Inv. Request to Inv. Final Report	31.97	33.11	28.21	31.10	28.90	34.33	30.48
CPS Inpt: Event Report to Inv. Request	3.32	5.80	4.54	5.57	5.65	5.04	2.60
CPS Inpt: Event Discovery to Event Report	1.13	1.45	0.08	0.10	0.40	0.67	0.45
CPS Inpt: "Typical" Inv Total Time	45.93	50.37	55.33	56.84	45.10	60.76	49.03

NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding the outlier cases.

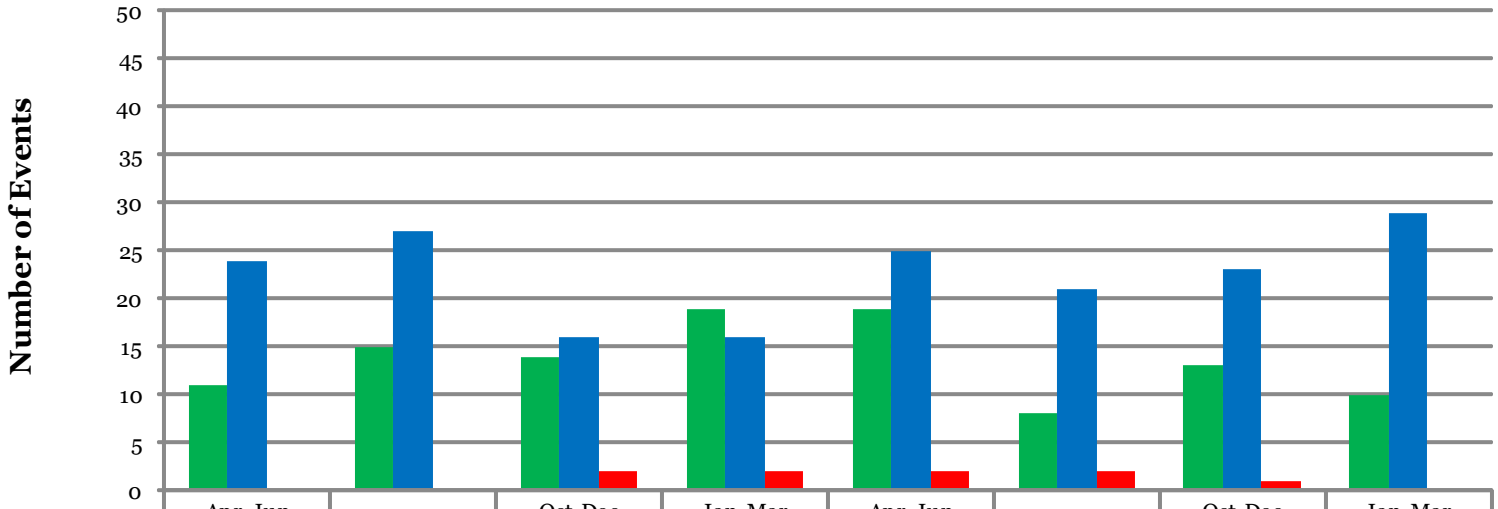
CPS Inpatient Abuse / Neglect Investigations



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
CPS Inpt A/N Investigations Completed	30	29	19	20	22	28	30	19
A/N Investigations per 100 consumers/mo	0.51	0.49	0.33	0.34	0.39	0.56	0.62	0.40
Inpt A/N Substantiations	10	10	11	9	3	14	12	4
A/N Substantiations per 100 consumers/mo	0.17	0.17	0.19	0.16	0.05	0.28	0.25	0.09
Unduplicated Client-month count	5848	5919	5768	5805	5622	5010	4831	4697

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Often, such measures are taken as a proportion of 1000 pt-days for inpatient events, but here we are using per 100 unique consumers per month in order to use the same measure as community rate

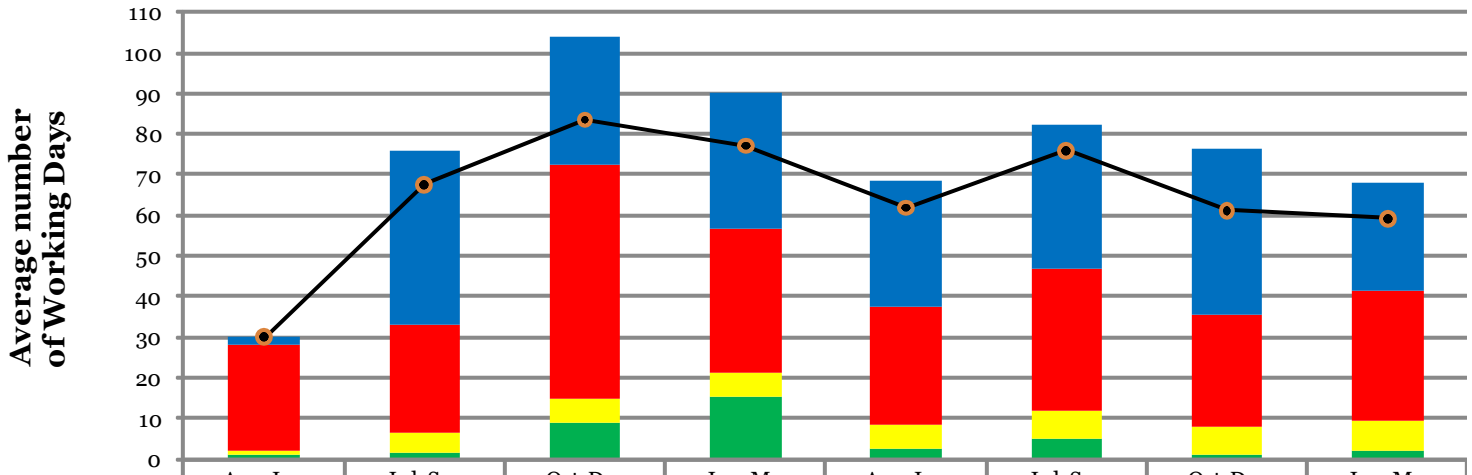
CPS Community Inquiries into Potential Abuse/Neglect Allegations



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
CPS Community A/N Investigations Opened	11	15	14	19	19	8	13	10
CPS Community Inquiries	24	27	16	16	25	21	23	29
CPS Community Decisions Pending	0	0	2	2	2	2	1	0

NOTE: This shows both SCL and CMHC cases. If an allegation is made but has not yet been assigned an investigation or inquiry it is counted as "pending" above. If an event initial had an inquiry but then an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases. Also note that a "decision" to open an investigation is only the start of the investigation process -- when a final judgment is made regarding an allegation that is called a "determination" and the investigation is completed.

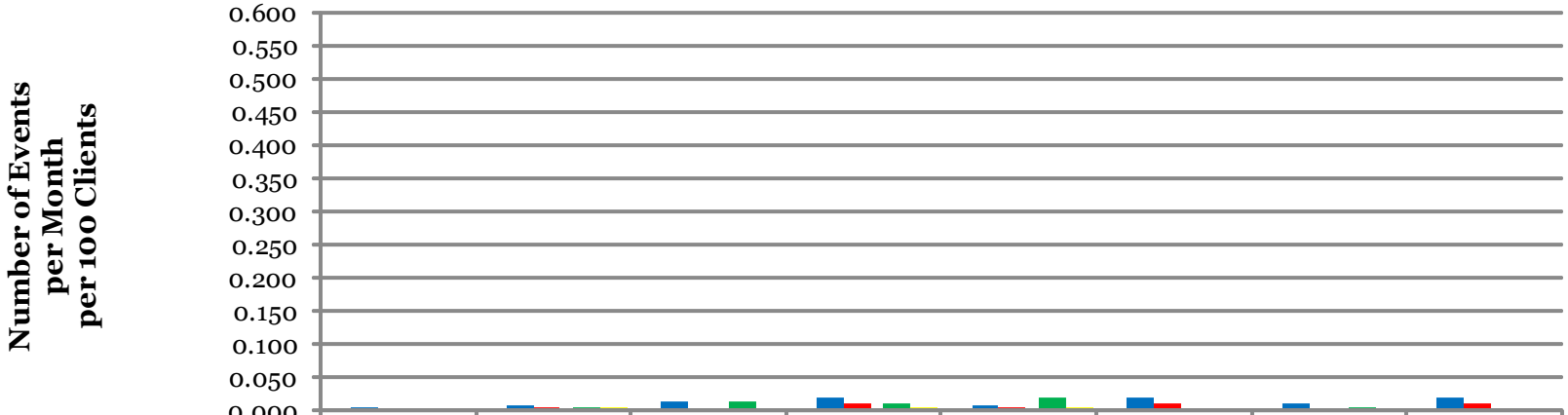
Duration of Investigation Process for CPS Community



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
CPS Comm. Investigation Event Count	1	8	14	26	12	21	14	23
CPS Comm.: Inv. Final Report to Final Determination	2.00	42.50	31.29	33.69	30.92	35.24	40.57	26.62
CPS Comm.: Inv. Request to Inv. Final Report	26.00	26.63	57.71	35.50	29.17	35.14	27.71	32.27
CPS Comm.: Event Report to Inv. Request	1.00	5.25	6.14	5.92	5.83	6.67	6.71	7.23
CPSComm.: Event Discovery to Event Report	1.00	1.38	8.79	15.27	2.67	5.24	1.21	2.00
CPS Comm.: "Typical" Inv Total Time	30.00	67.67	83.55	77.17	61.89	75.94	61.18	59.30

NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding the outlier cases. This shows both SCL and CMHC cases.

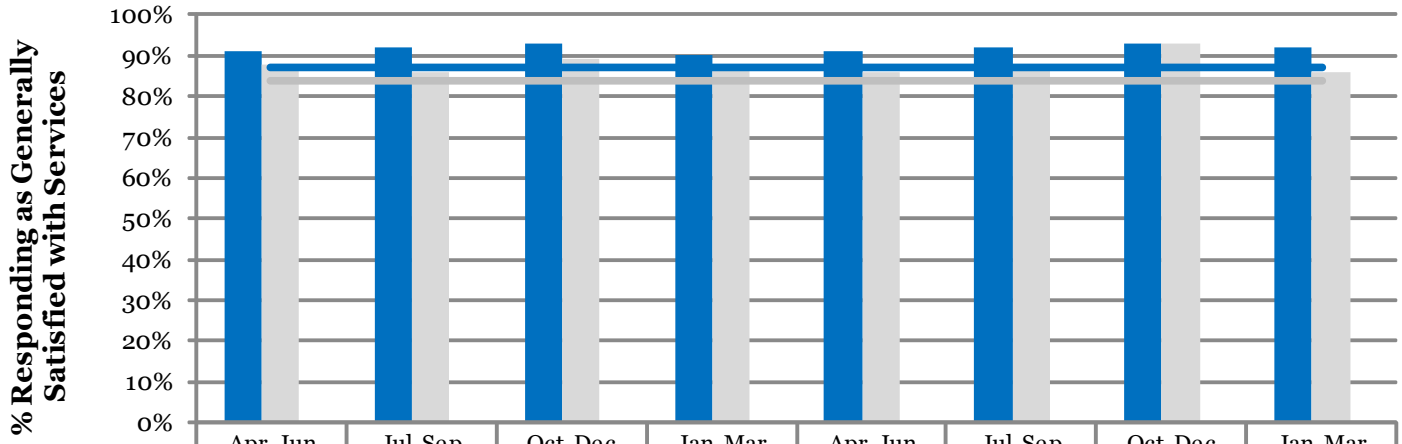
CPS Community Abuse / Neglect Investigations



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Adult Consumers/month	27589	29493	28620	29008	27383	30196	29287	27521
Adult Community A/N Investigations Completed	4	8	11	18	8	17	9	17
Adult A/N Investigations per 100 consumers/mo	0.005	0.009	0.013	0.021	0.010	0.019	0.010	0.021
Adult Community A/N Substantiations	0	4	3	10	5	9	3	10
Adult A/N Substantiations per 100 consumers/mo	0.000	0.005	0.003	0.011	0.006	0.010	0.003	0.012
# Youth Consumers/month	6827	6980	6755	6545	6297	6451	6188	5894
Youth Community A/N Investigations Closed	0	1	3	2	4	0	1	0
Youth A/N Investigations per 100 consumers/mo	0.000	0.005	0.015	0.010	0.021	0.000	0.005	0.000
Youth Community A/N Substantiations	0	1	0	1	1	0	0	0
Youth A/N Substantiations per 100 consumers/mo	0.000	0.005	0.000	0.005	0.005	0.000	0.000	0.000

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. The above statistics do not include substantiations with only Neglect 2 ar Verbal Abuse findings, but do include both SCL and CMHC cases.

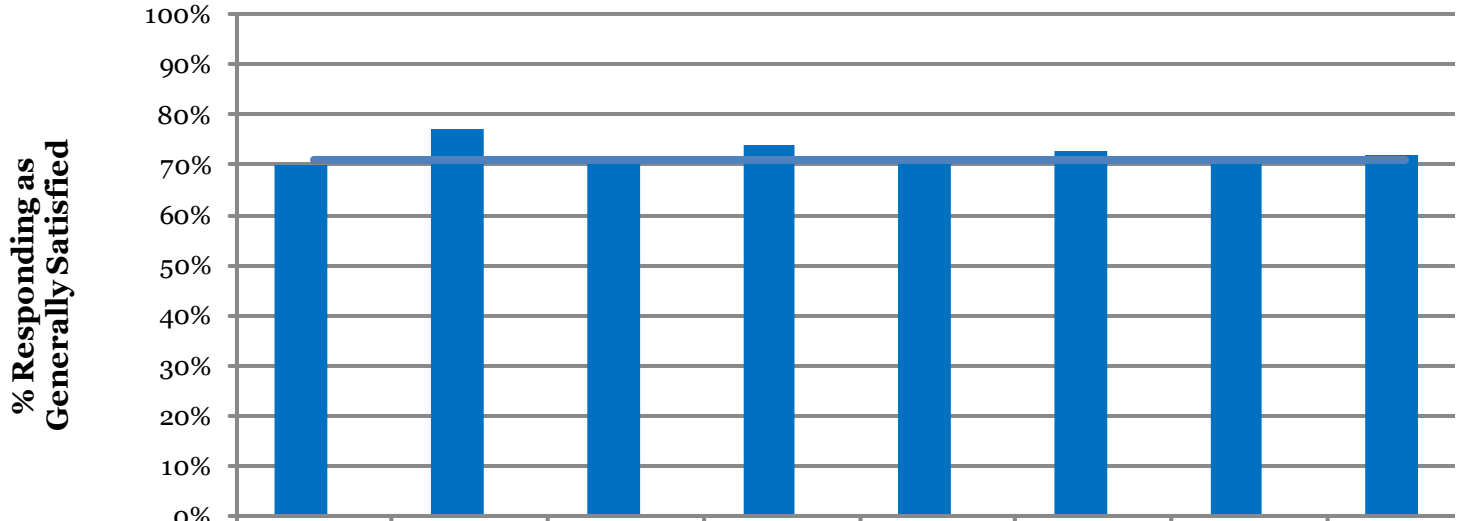
CPS Community Client General Satisfaction with Services



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Adult Community Satisfaction Rate	91%	92%	93%	90%	91%	92%	93%	92%
Number of Adult Surveys	1321	1179	986	1130	967	926	901	1138
Youth Community Satisfaction Rate	88%	86%	89%	88%	86%	87%	93%	86%
Number of Youth Surveys	170	134	126	158	132	107	127	228
National Adult Satisfaction Rate	87%	87%	87%	87%	87%	87%	87%	87%
National Youth Staisfaction Rate	84%	84%	84%	84%	84%	84%	84%	84%

NOTE: Taken from the CPS Adult and Youth Satisfaction Surveys using national standard MHSIP questions.
SIGNIFICANCE: Both adult clients and the families of youth in CPS services report high rates of satisfaction with the services they receive in the community. These rates compare favorably to other satisfaction rates in other states as reported on identical and nationally standardized questionnaires.

CPS Inpatient Satisfaction

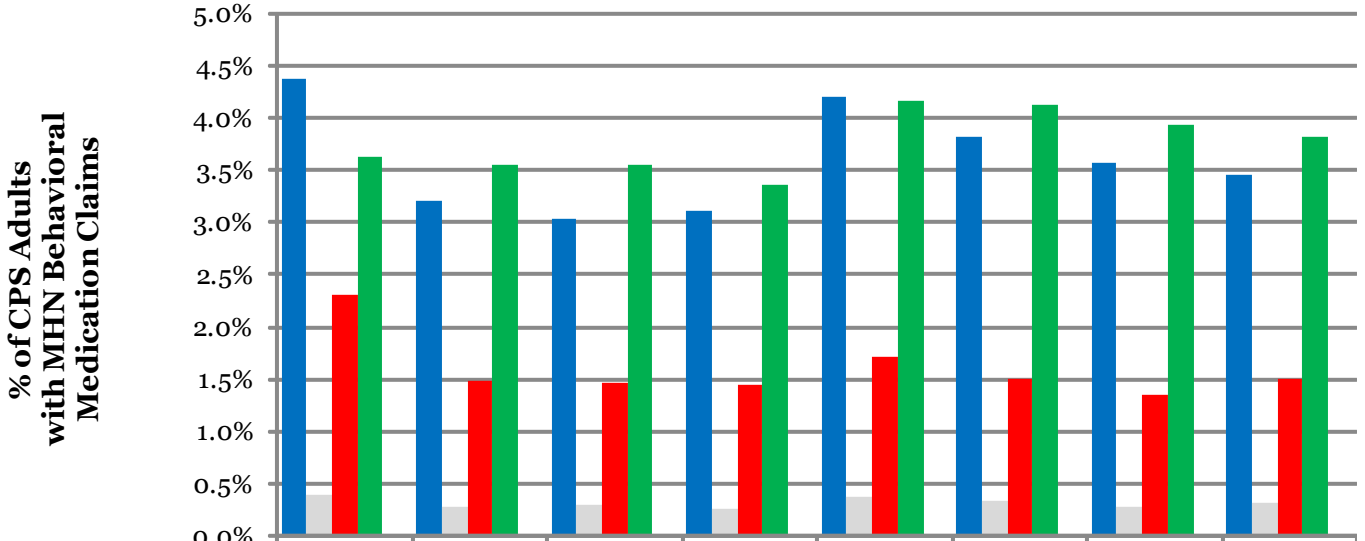


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
CPS Inpt General Satisfaction Rate	70%	77%	71%	74%	70%	73%	71%	72%
Number of Inpt Surveys	701	620	738	747	677	590	420	459
National Inpatient Satisfaction Rate	71%	71%	71%	71%	71%	71%	71%	71%

NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

SIGNIFICANCE: No overall trend but the general inpatient satisfaction rate compares well to similar client populations in other states using the same standardized survey instrument.

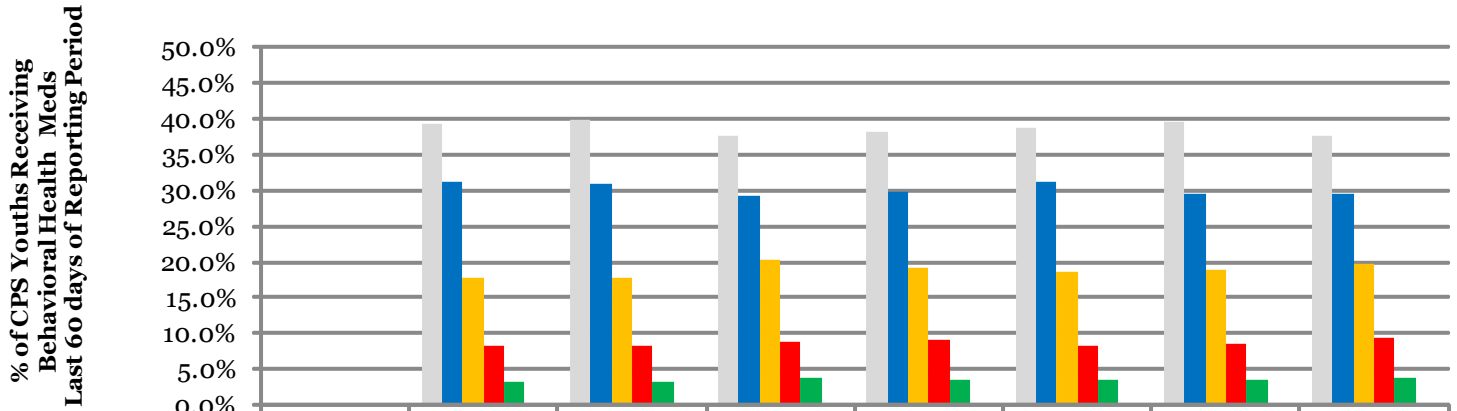
CPS Community Adult Medication Screens



	Feb-Apr 08	May-Jul 08	Aug-Oct 08	Nov-Jan 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
% CPS Adults use of 5 or more Psychotropic Meds 60 or more days	4.4%	3.2%	3.0%	3.1%	4.2%	3.8%	3.6%	3.5%
% CPS Adults use of 3 or more Antipsychotic Meds 45 or more days	0.4%	0.3%	0.3%	0.3%	0.4%	0.3%	0.3%	0.3%
% CPS Adults on High Dose Atypical for 45 or more Days	2.3%	1.5%	1.5%	1.5%	1.7%	1.5%	1.4%	1.5%
% CPS Adults on Low Dose Atypical for 45 or more Days	3.6%	3.6%	3.6%	3.4%	4.2%	4.1%	3.9%	3.8%
CMHC Adults with MHN Behavioral Medications Claims	22842	24551	23817	23303	22743	22797	22967	24504

NOTE: "Quarters" do not match other charts - using time periods set by most recent consecutive " Missouri CMHC Behavioral Pharmacy Management Program" reports.

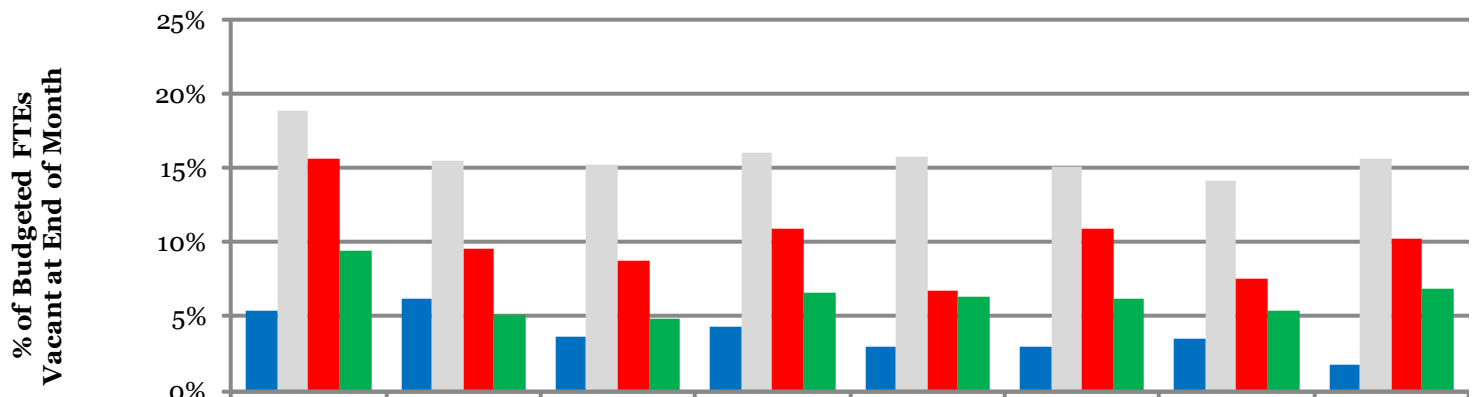
CPS Community Youth Prescribed Multiple Behavioral Health Medications



	Feb-Apr 08	May-Jul 08	Aug-Oct 08	Nov-Jan 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
% CPS Youth Using 1 Med		39.39%	39.89%	37.53%	38.21%	38.66%	39.46%	37.72%
% CPS Youth Using 2 Meds		31.17%	30.77%	29.32%	29.91%	31.20%	29.57%	29.43%
% CPS Youth Using 3 Meds		17.77%	17.89%	20.32%	19.27%	18.58%	18.95%	19.75%
% CPS Youth Using 4 Meds		8.39%	8.23%	8.93%	9.05%	8.16%	8.52%	9.30%
% CPS Youth Using 5 or more Meds		3.28%	3.19%	3.89%	3.55%	3.40%	3.48%	3.84%
CMHC Youths Prescribed Meds in last 60 days		4636	3945	4502	4022	3849	3530	4740

SIGNIFICANCE: Missouri CPS has received national recognition for the proactive management of the psychotopic medication prescribing profiles of Missouri physicians. The prescribing of multiple behavioral health medications for youth is sometimes clinically indicated but always an appropriate topic for increased monitoring and thus a key element of our oversight and feedback to prescribing clinicians.

CPS Operated Facility
Staff Vacancy Rates

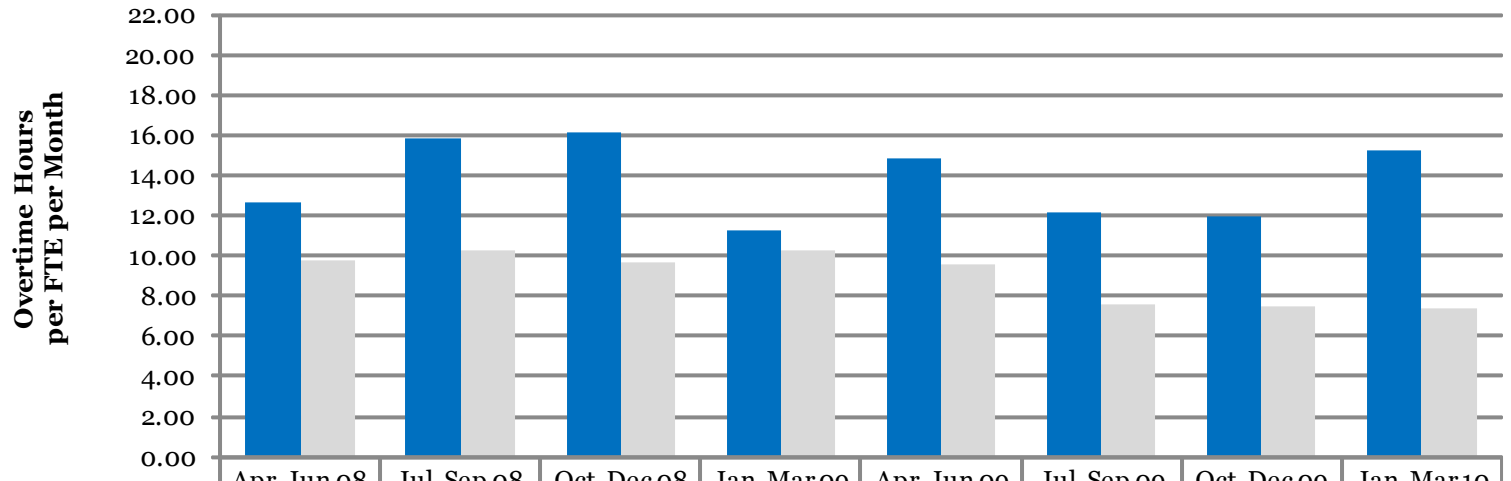


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Direct Care Staff Vacancy Rates	5.43%	6.25%	3.69%	4.29%	2.96%	2.94%	3.44%	1.77%
Licensed Nursing Staff Vacancy Rates	18.91%	15.48%	15.22%	16.07%	15.80%	15.04%	14.11%	15.57%
Psychologist Vacancy Rates	15.58%	9.63%	8.75%	10.86%	6.73%	10.96%	7.50%	10.30%
Psychiatrist Staff Vacancy Rates	9.41%	5.11%	4.91%	6.64%	6.29%	6.23%	5.40%	6.82%

NOTE: "Direct Care" Staff includes: PA 1 and 2; CATs; SA 1 and 2; Security Attendants; Child Psych Sup. LPN/RN, Psychologist, Psychiatrists rates include all positions regardless of supervisory assignment. Budgeted FTEs FY10 are: Direct Care 1661; Lic. Nurse 522; Psychology 76; Psychiatry 71.

SIGNIFICANCE: Difficult economic conditions have probably helped improve direct care vacancy rates seen in recent quarters, but less so for licensed and professional staff. The combination of improving general economic conditions and possible layoffs at state operated facilities have potentially complex effects on such statistics in the near future, making projections from these numbers very difficult.

CPS Operated Facility
Overtime Hours per FTE per Month

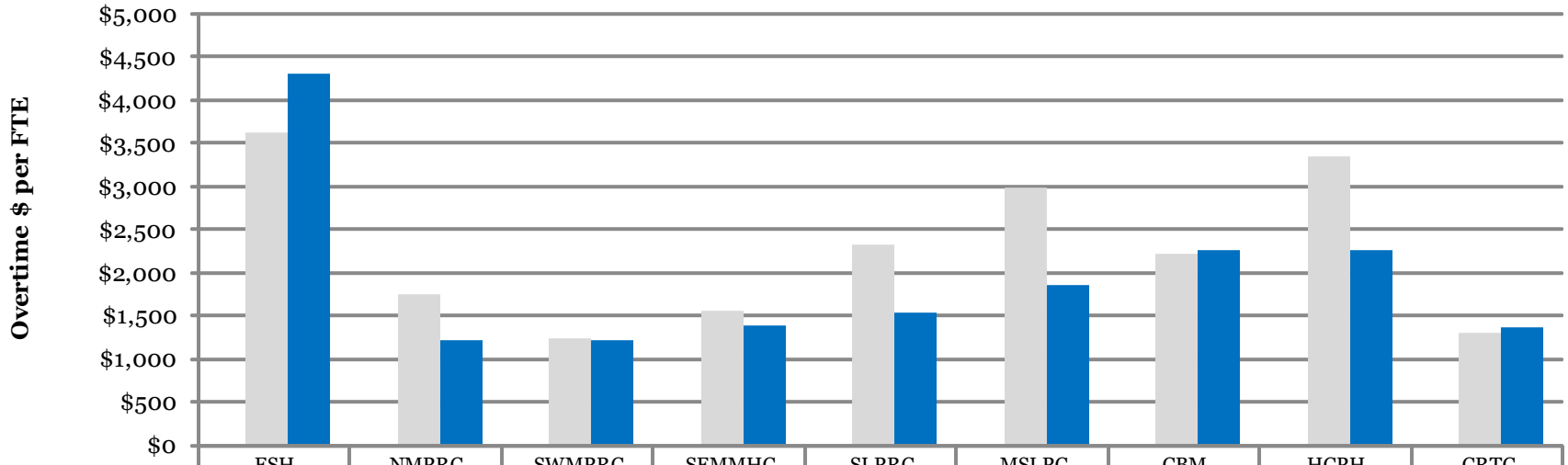


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Direct Care Overtime Hours per FTE per month	12.67	15.85	16.18	11.22	14.85	12.17	11.94	15.22
Licensed Nursing Overtime Hours per FTE per month	9.75	10.22	9.64	10.28	9.59	7.60	7.43	7.33

NOTE: "Direct Care" Staff includes: PA 1 and 2; CATs; SA 1 and 2; Security Attendants; Child Psych Sup. All overtime hours are included whether "mandatory" or "voluntary".

SIGNIFICANCE: Facility staffing levels, even without vacancies, are near minimums required for safety. Because of this, staffing vacancies translate into high levels of overtime.

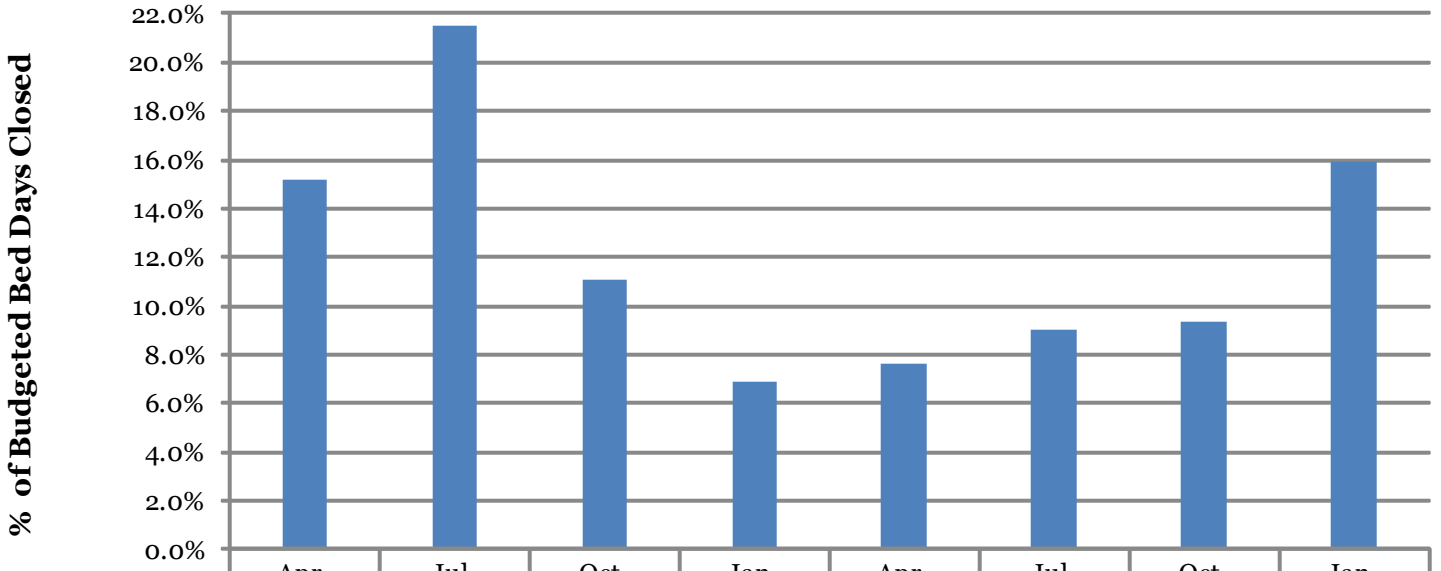
CPS Operated Facility, FY10 Year to Date Overtime $ per FTE versus FY09 to same date Overtime $ per FTE



	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY09 Direct Care Overtime $M	$2.514	$0.257	$0.047	$0.676	$0.656	$0.357	$0.486	$0.406	$0.075
FY09 Direct Care FTEs	693.50	147.00	38.00	436.60	282.00	119.50	219.20	121.60	57.70
FY09 Direct Care OT $ per FTE	$3,625	$1,748	$1,237	$1,548	$2,326	$2,987	$2,217	$3,339	$1,300
FY10 Direct Care Overtime $M	$2.783	$0.176	$0.046	$0.616	$0.429	$0.230	$0.263	$0.276	$0.083
FY10 Direct Care FTEs	647.50	144.00	38.00	441.58	280.50	124.50	116.50	121.60	61.00
Fy10 Direct Care OT $ per FTE	$4,298	$1,222	$1,211	$1,395	$1,529	$1,847	$2,258	$2,270	$1,361

NOTE: FTEs are budgeted FTEs, and "direct care" includes all PAs, SAs, and all nursing staff.

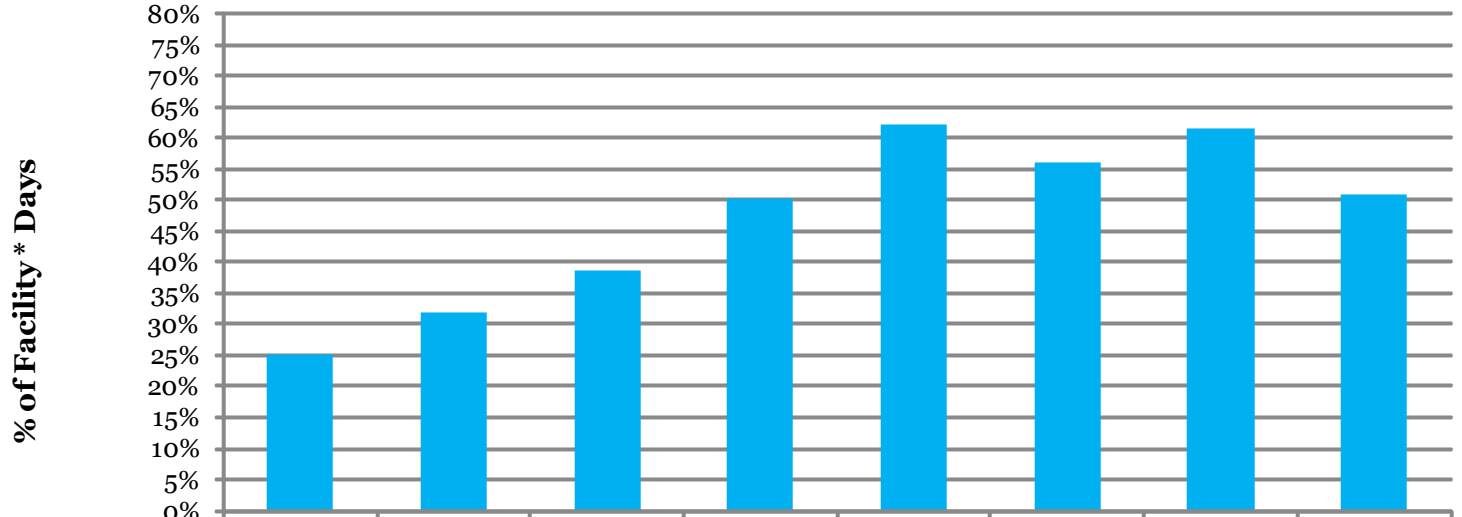
CPS Adult Acute Bed Days Closed due to Staffing



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
% of Adult Acute Bed Days Closed Due to Staffing	15.22%	21.50%	11.10%	6.92%	7.64%	9.02%	9.38%	15.95%
Acute Adult Bed Days Closed Due to Staffing	3865	5894	2996	1769	1661	1380	1380	1938
Adult Acute Budgeted Bed Days	25389	27416	26982	25560	21749	15299	14720	12150

NOTE: This is a measure of reductions in bed capacity due to staffing and staffing related acuity concerns, compared to the bed days budgeted for when fully staffed. No youth acute beds closed due to staffing.

CPS Long Term Inpatient % Days Over Staffed Capacity

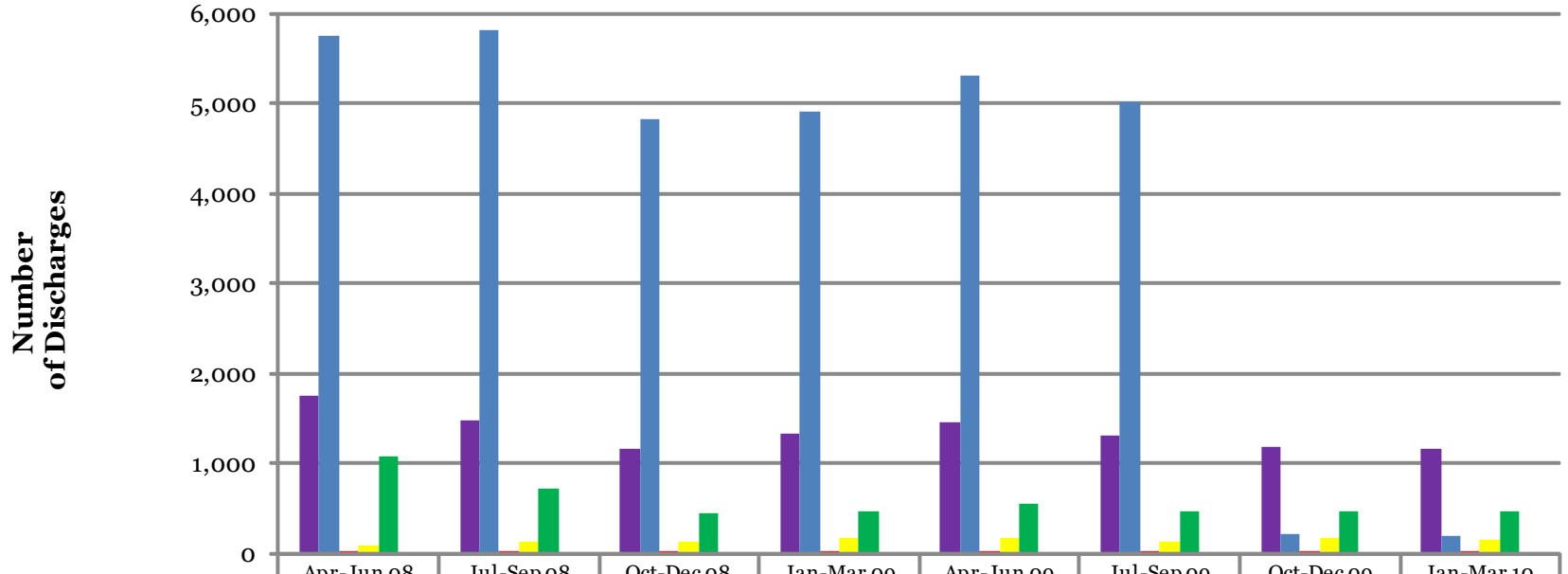


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# LT Facility-Days over Staffed Capacity	91	117	142	181	226	204	226	183
% of Days Facility is Over Staffed LT Capacity	25.0%	31.8%	38.6%	50.3%	62.1%	56.0%	61.4%	50.8%
# LT Facility-Days in Quarter	364	368	368	360	364	364	368	360

NOTE: Each long term facility is weighted the same in this measure -- the above % is a simple average of the four long term facilities individual rates for each quarter.

SIGNIFICANCE: Long term inpatient units are operating over staffed capacity more often than not.

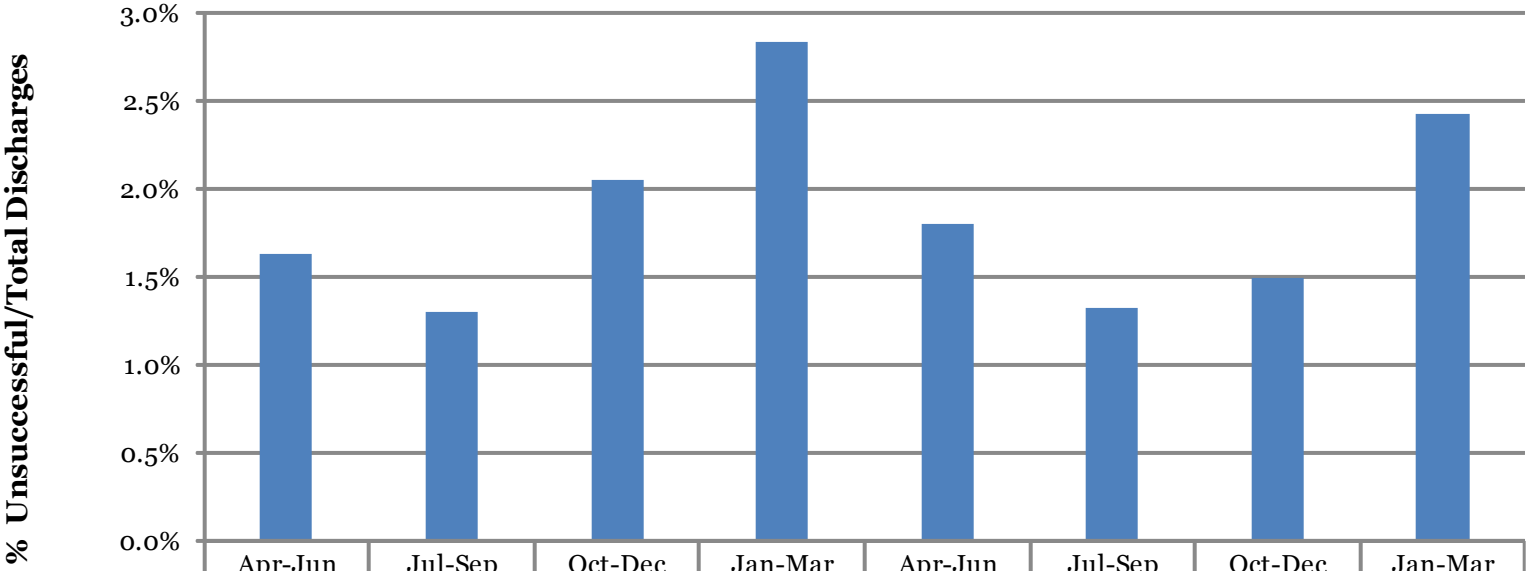
CPS Community Discharges



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Other Discharges	1747	1472	1157	1320	1454	1309	1192	1160
AutoDischarge	5757	5814	4834	4917	5310	5017	210	195
Law Enforcement Initiated	9	15	5	10	9	17	18	18
Agency Initiated	96	131	119	161	166	129	164	159
Client Initiated	1082	728	435	467	557	460	466	466
CPS Community -- Total Discharges	8691	8160	6650	6875	7496	6932	2050	1998

NOTE: Law enforcement initiated = incarcerated with or without satisfactory treatment progress; Agency initiated includes consumer would not comply plus treatment viewed as ineffective by therapist; Client initiated includes AMA, consumer dropped out, and treatment viewed as ineffective by consumer.; Autodischarge is system discharged due to inactivity for 6 months .

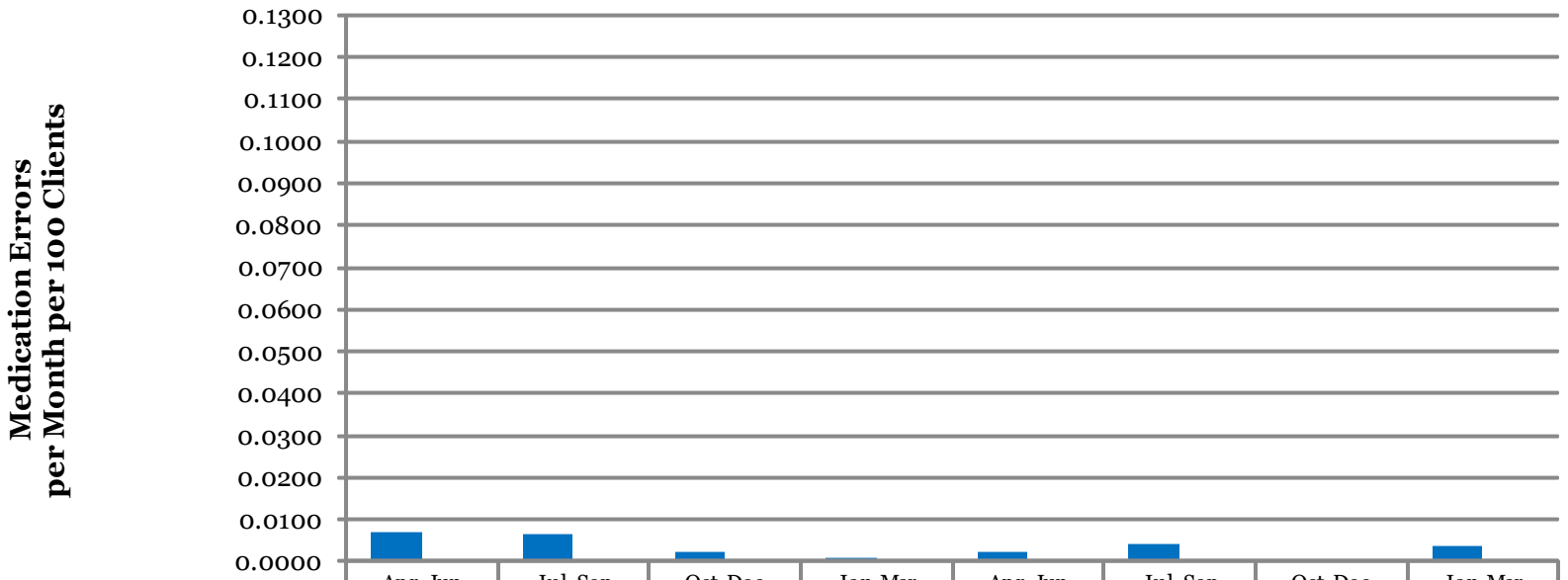
"Unsuccessful" Discharges from CPS Inpatient



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Unsuccessful Discharge Inpt #	26	21	32	38	20	14	13	18
Total Inpt Discharges	1592	1620	1561	1339	1114	1060	869	743
Inpt Unsuccessful Discharge Rate	1.63%	1.30%	2.05%	2.84%	1.80%	1.32%	1.50%	2.42%

NOTE: "Unsuccessful" discharges include Against Medical Advice , Discharged from Elopement , and Transfers to higher security facility.

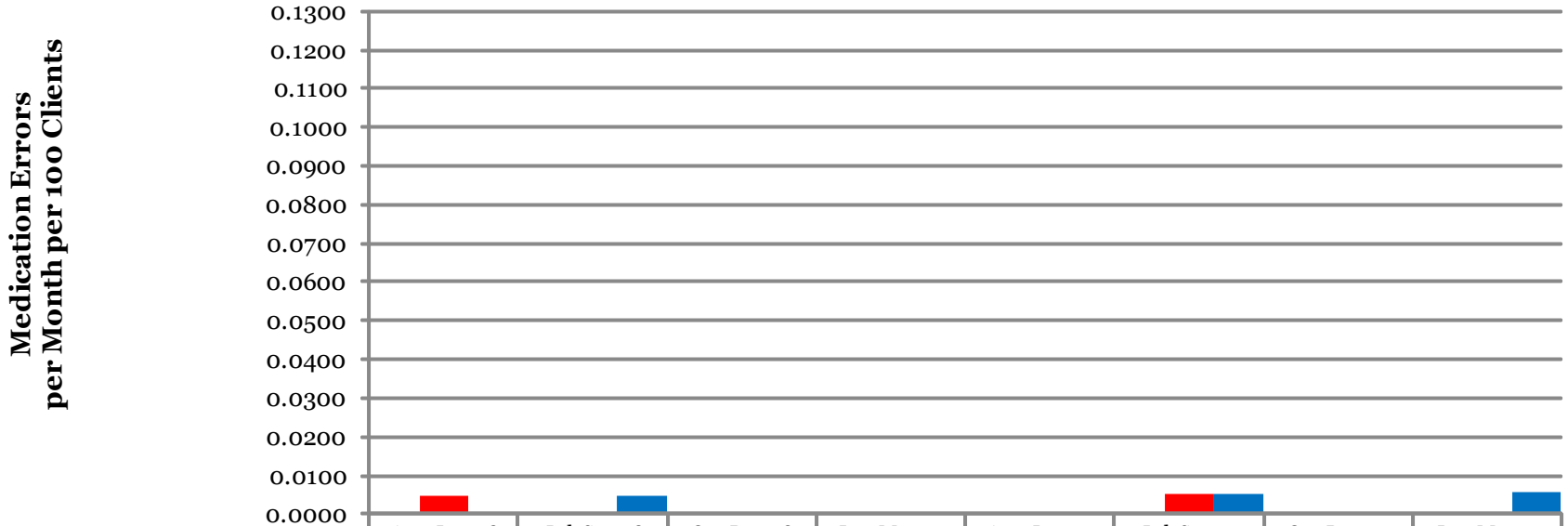
CPS Adult Community Medication Errors



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Adult "Moderate" Med Errors	6	6	2	1	2	4	0	3
Adult "Moderate" Med Errors per 100 consumers/mo	0.007	0.007	0.002	0.001	0.002	0.004	0.000	0.004
Adult "Serious" Med Errors	0	0	0	0	0	0	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
# Adult Consumers/month	27589	29493	28620	29008	27383	30196	29287	27521

NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.

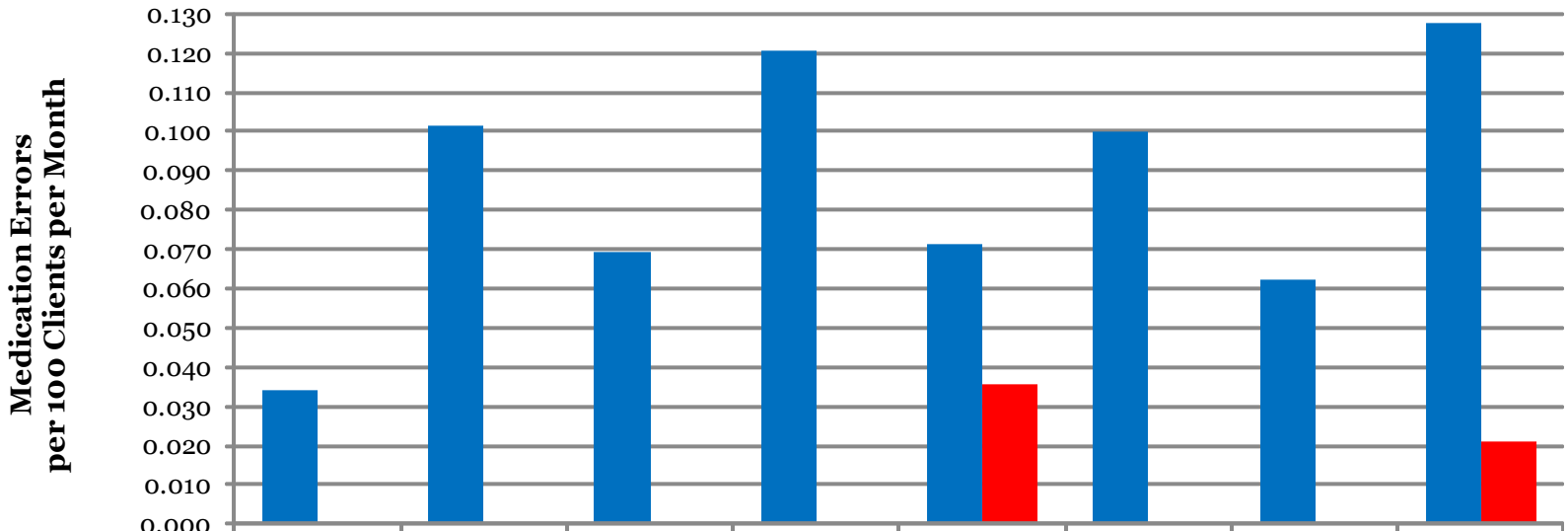
CPS Youth Community Medication Errors



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Youth Consumers/month	6827	6980	6755	6545	6297	6451	6188	5894
Youth "Serious" Med Errors	1	0	0	0	0	1	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.005	0.000	0.000	0.000	0.000	0.005	0.000	0.000
Youth "Moderate" Med Errors	0	1	0	0	0	1	0	1
Youth "Moderate" Med Errors per 100 consumers/mo	0.000	0.005	0.000	0.000	0.000	0.005	0.000	0.006

NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.

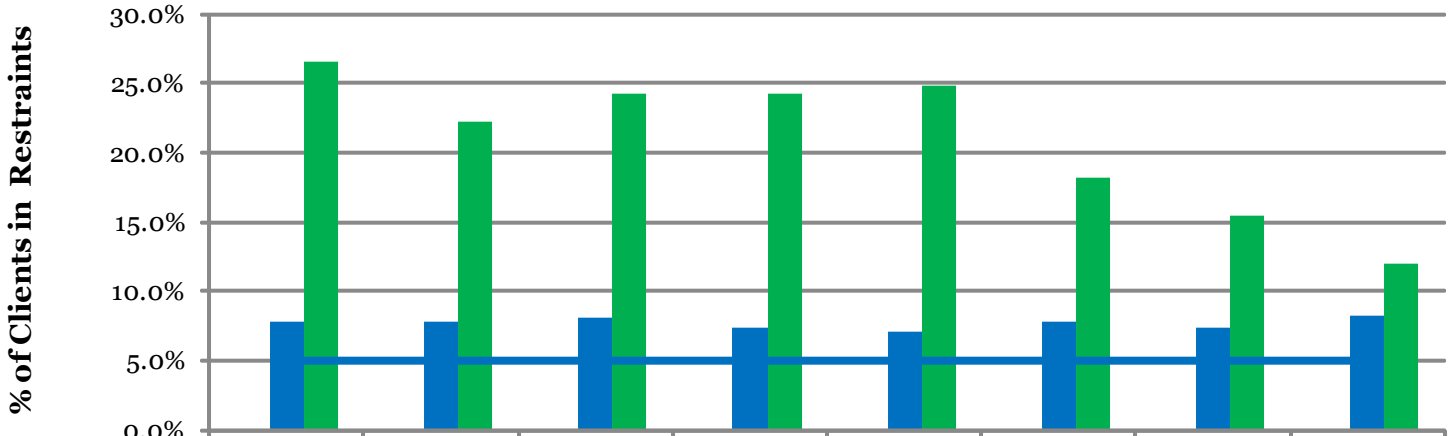
CPS Inpatient Medication Errors



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Inpt "Moderate" Med Errors	2	6	4	7	4	5	3	6
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.034	0.101	0.069	0.121	0.071	0.100	0.062	0.128
Inpt "Serious" Med Errors	0	0	0	0	2	0	0	1
Inpt "Serious" Med Errors per 100 Consumers/mo	0.000	0.000	0.000	0.000	0.036	0.000	0.000	0.021
Unduplicated Client-month count	5848	5919	5768	5805	5622	5010	4831	4697

SIGNIFICANCE: "Minimal" severity med errors are tracked and reviewed for inpatient but not shown here in order to emphasiize the rarer but higher profile categories of error: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.

CPS Inpatient Restraint Use

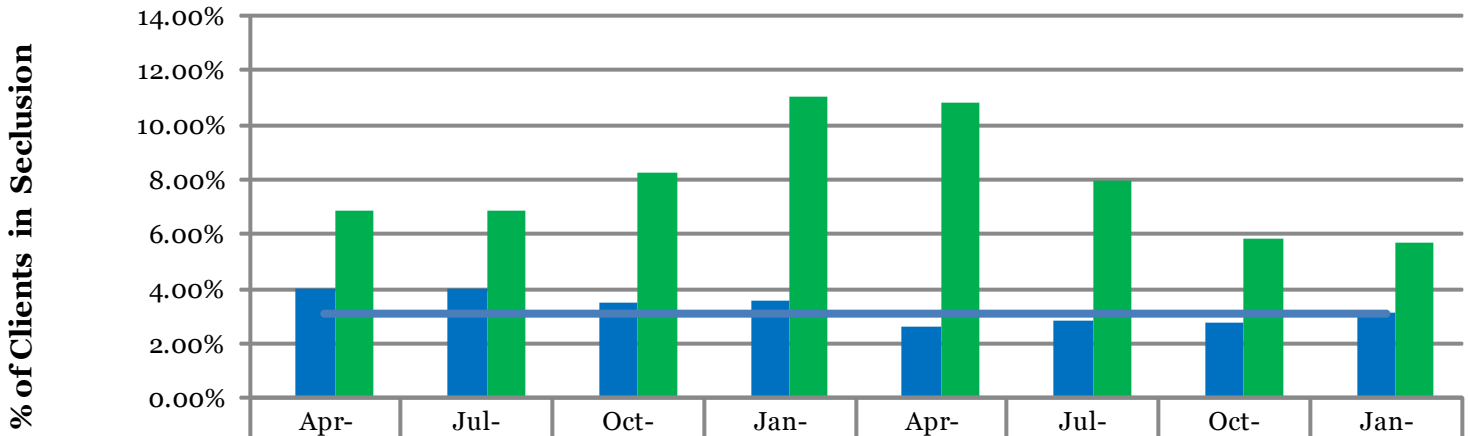


	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Adult Clients in Restraints	430	430	436	405	373	369	338	358
% Adult Clients in Restraints (per month)	7.84%	7.76%	8.14%	7.39%	7.08%	7.77%	7.42%	8.18%
% Youth Clients in Restraints (per month)	26.50%	22.22%	24.27%	24.23%	24.79%	18.18%	15.38%	11.95%
# Youth Clients in Restraints	97	84	100	79	87	48	42	38
National Restraint Rate	4.92%	4.92%	4.92%	4.92%	4.92%	4.92%	4.92%	4.92%

NOTE: This includes all restraint types combined -- most youth restraints are brief manual holds
National average restraint use rate for FY07 was 4.92%, but that was primarily adult facilities.

SIGNIFICANCE: CPS has several projects under way to help reduce reliance on restraint use. It is too early to declare success for these projects, but the recent trend in the youth restraint usage rate in particular is very encouranging.

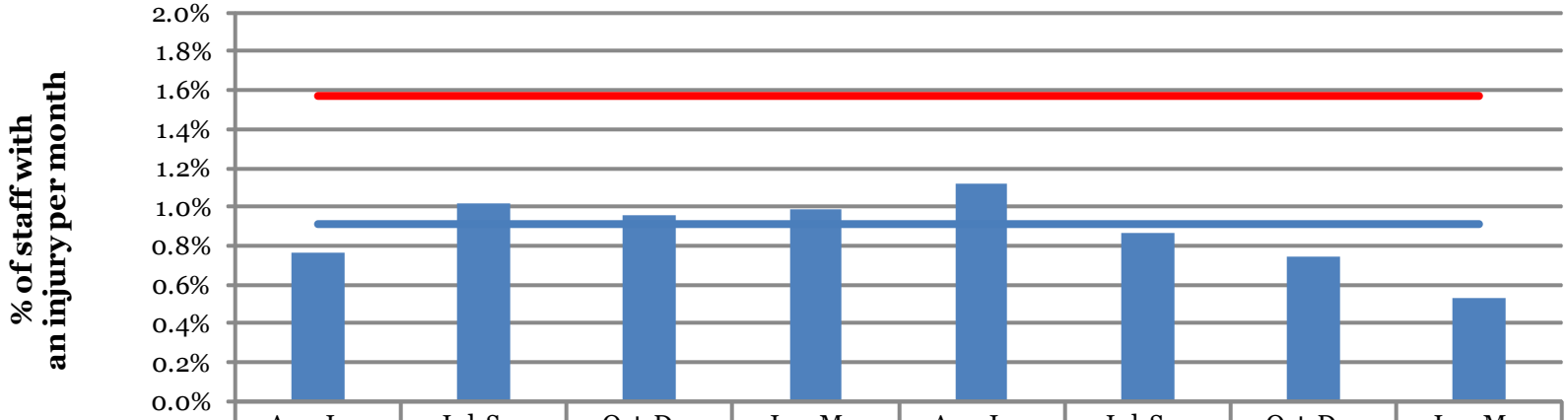
CPS Inpatient Seclusion Use



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
# Adult Clients in Seclusion	221	224	189	194	138	133	126	138
% Adult Clients in Seclusion (per month)	4.03%	4.04%	3.53%	3.54%	2.62%	2.80%	2.76%	3.15%
# Youth Clients in Seclusion	25	26	34	36	38	21	16	18
% Youth Clients in Seclusion (per month)	6.83%	6.88%	8.25%	11.04%	10.83%	7.95%	5.86%	5.66%
National Seclusion Rate	3.12%	3.12%	3.12%	3.12%	3.12%	3.12%	3.12%	3.12%

NOTE: National average seclusion use rate for FY07 was 3.12%, but that was primarily adult facilities.
SIGNIFICANCE: Seclusion use is tracked as part of the projects under way to reduce restraint use, and the recent trends in seclusion usage are similarly encouraging.

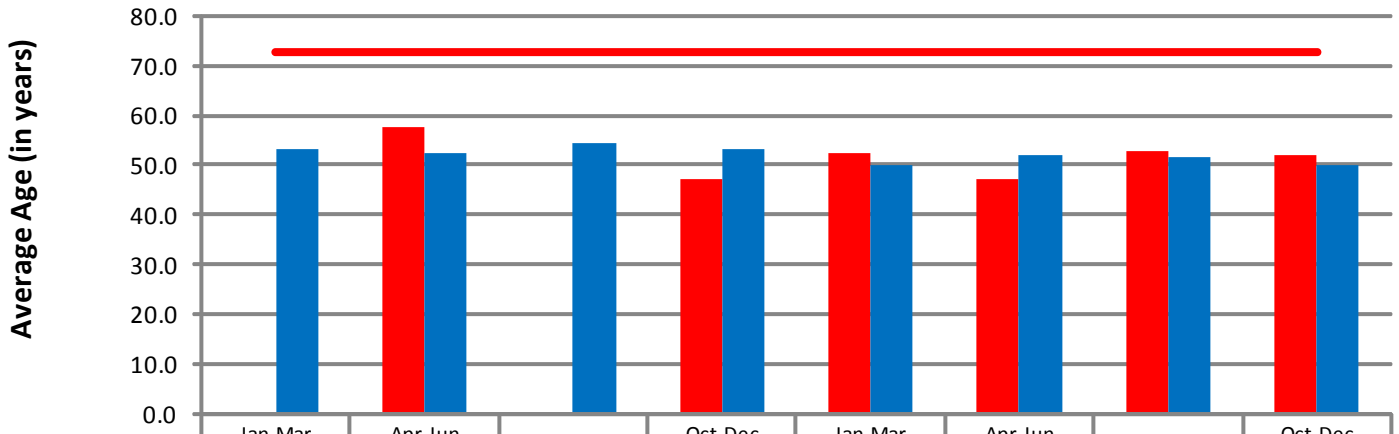
CPS Inpatient Direct Care Staff Injuries



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
Staff Injuries / month	30	40	38	39	44	34	29	21
Staff FTEs	3948	3948	3948	3948	3948	3923	3923	3923
% of Staff w/ Injuries	0.8%	1.0%	1.0%	1.0%	1.1%	0.9%	0.7%	0.5%
National Staff Injury Rate	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%
% DD Staff w/ Injuries (CY2008)	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%

NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in calendar 2008 (ORYX) was .91% of staff per month.
SIGNIFICANCE: It is probably too soon to declare this a trend, but the decline in staff injury rates for the last 3 quarters is encouraging.

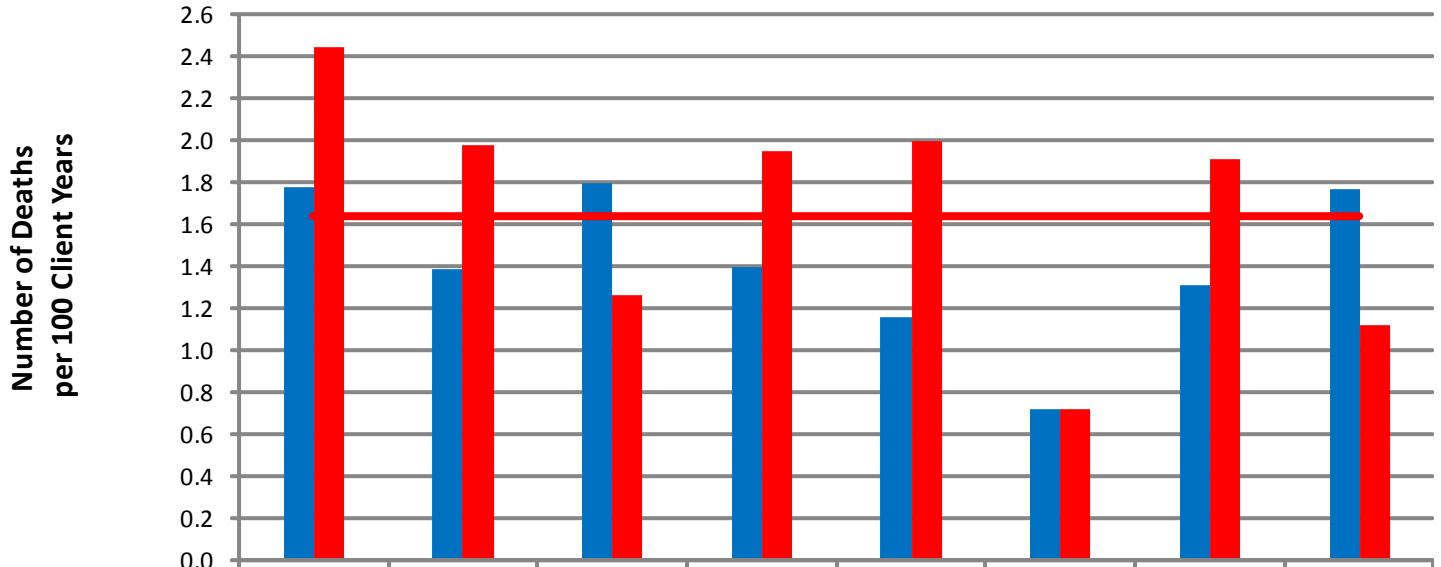
CPS Average Age at Death



	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09
Average Age at Death -- Inpt CPS		57.5		47.0	52.3	47.0	52.6	52.0
Average Age at Death -- CPS Community	53.2	52.4	54.5	53.3	50.0	51.9	51.6	50.1
Average Age at Death -- All Missouri 2007	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6
Number of Deaths -- All CPS	95	98	88	89	105	74	104	109
Number of Deaths -- Inpatient CPS	0	2	0	3	3	3	5	8
Number of Deaths --CPS Community	95	96	88	86	102	71	99	101

NOTE: Deaths reported for all CPS Clients versus inpatient and community subpopulations.
All Missouri 2007 average is calculated from the most recent available "Missouri Vital Statistics", 2007.
SIGNIFICANCE: National studies show that the clients of state mental health agencies die 20-25 years younger than the general population. Unfortunately, Missouri is right in line with this alarming statistic. This underlines the importance of various efforts to better integrate the physcial and mental health care of CPS clients throughout the state.

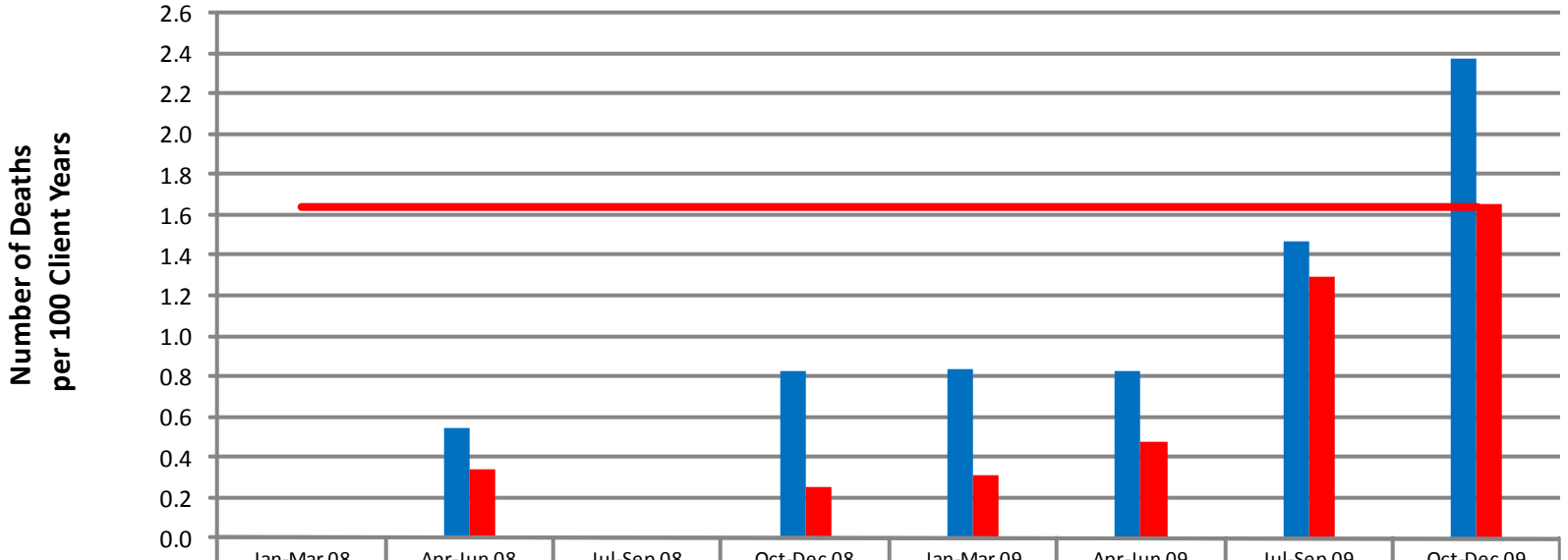
CPS Mortality Rate in Community 24*7 Care



	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09
CPS Community Residential Deaths	18	14	18	14	11	7	13	17
CPS Community Res Deaths per 100 Client Years	1.773	1.384	1.790	1.389	1.154	0.718	1.308	1.769
CPS Community Residential Age Adjusted Mortality	2.441	1.971	1.259	1.943	1.995	0.715	1.910	1.119
CPS Community Residential Years	1015.1	1011.3	1005.8	1008.0	953.5	974.9	994.0	960.9
National Psych Services Mortality (est.)	1.640	1.640	1.640	1.640	1.640	1.640	1.640	1.640

NOTE: Deaths reported for clients in 24*7 care. Per 100 client years compares to the Missouri community mortality rate of .92 deaths per 100 Missouri residents. (2007 MO Vital Statistics). The age adjusted mortality rate for all of Missouri in 2007 was .82 deaths per 100 residents. National studies report clients of psychiatric services with twice the community average mortality rate (1.64) -- that is the red line above.

CPS Mortality Rate in Inpatient Care

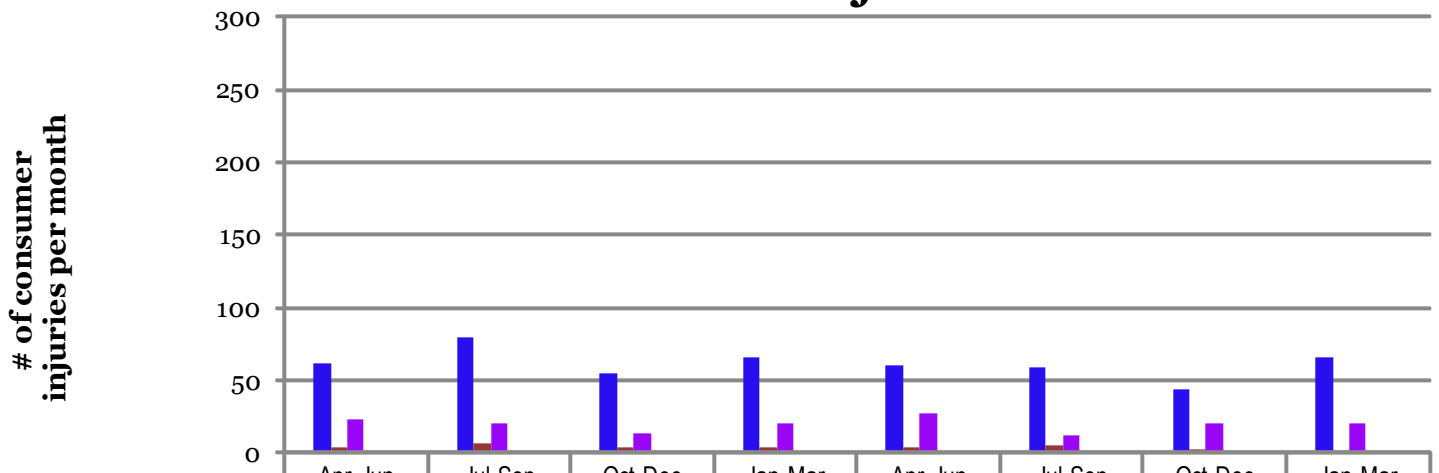


	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09
CPS Inpatient Deaths	0	2	0	3	3	3	5	8
CPS Inpatient Deaths per 100 Client Years	0.000	0.543	0.000	0.822	0.836	0.829	1.467	2.371
CPS Inpatient Age Adjusted Mortality Rate	0.000	0.345	0.000	0.249	0.313	0.476	1.293	1.651
CPS Inpt Client Years	369.6	368.1	366.0	365.0	358.8	361.7	340.8	337.4
National Psych Services Mortality (est.)	1.640	1.640	1.640	1.640	1.640	1.640	1.640	1.640

NOTE: Deaths reported for clients in inpatient. Per 100 client years compares to the Missouri community mortality rate of .92 deaths per 100 Missouri residents. (2007 MO Vital Statistics). The age adjusted mortality rate for all of Missouri in 2007 was .82 deaths per 100 residents. National studies report clients of psychiatric services with twice the community average mortality rate (1.64) -- that is the red line above.

Division of Developmental Disabilities

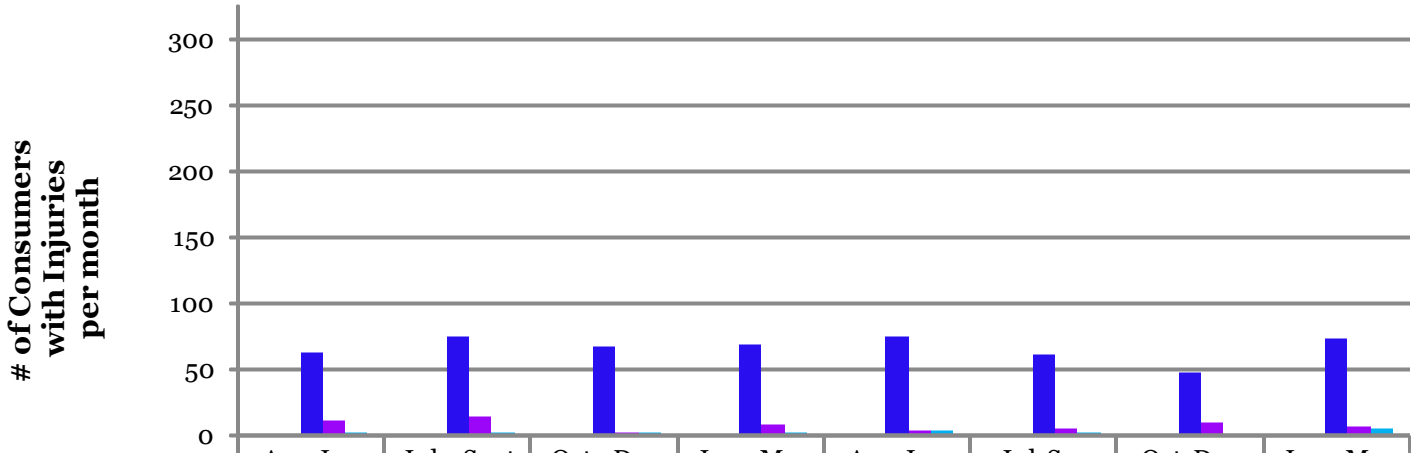
Division of DD Habilitation Centers Consumer Injuries



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Total # of Injuries	90	106	73	90	92	77	67	89
Medical Intervention	62	79	55	66	61	59	44	66
Hospitalization	4	7	4	4	4	5	3	2
Emergency Room Visits	24	20	14	20	27	13	20	21
Injuries Resulting in Death	0	0	0	0	0	0	0	0
# Consumers in Hab Centers	880	845	833	816	763	733	718	704
Injuries per 100 Consumers/mo	3.4	4.2	2.9	3.7	4.0	3.5	3.1	4.2

NOTE: Data reflects injuries requiring more than minor first aid as an intervention - previous charts included minor first aid as an intervention. Medical intervention denotes care requiring attention by a licensed professional and could occur either on campus or in the community. Hospitalization and ER visits would be off campus at community hospitals.

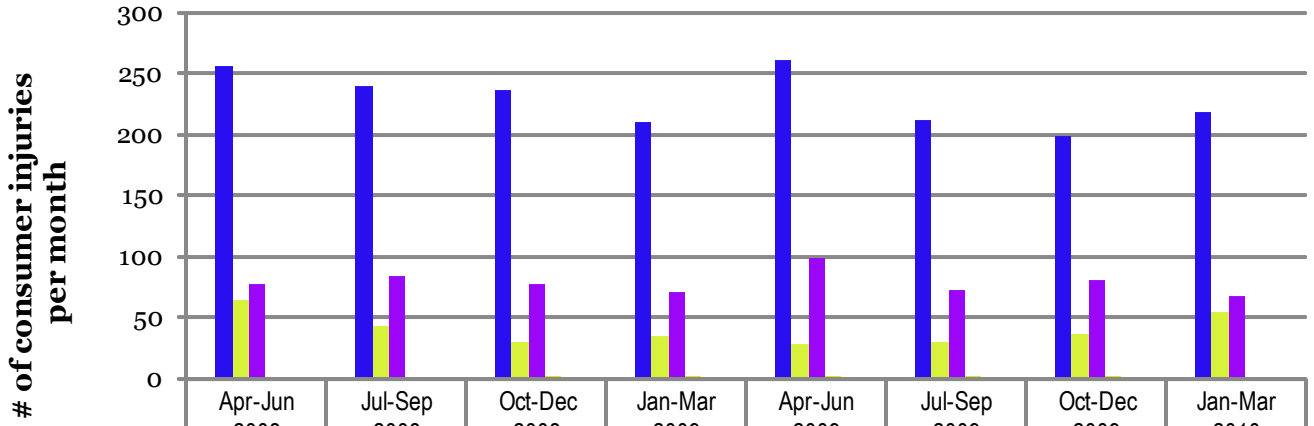
Division of DD
Habilitation Consumers
Consumers with 0, 1, 2, or 3+ Injuries



	Apr-Jun 2008	July-Sept 2008	Oct - Dec 2008	Jan - Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan - Mar 2010
# Hab Center Consumers (unduplicated)	880	845	833	816	763	733	718	704
# Hab Center Consumers with No Injuries	804	755	764	737	681	663	661	618
# Hab Center Consumers with Exactly 1 Injury	63	75	67	69	75	62	47	74
# Hab Center Consumers with Exactly 2 Injuries	12	14	1	9	4	6	10	7
# Hab Center Consumers with 3 or More Injuries	1	1	1	1	3	2	0	5

NOTE: An injury is defined as that which required treatment of more than minor first aid.

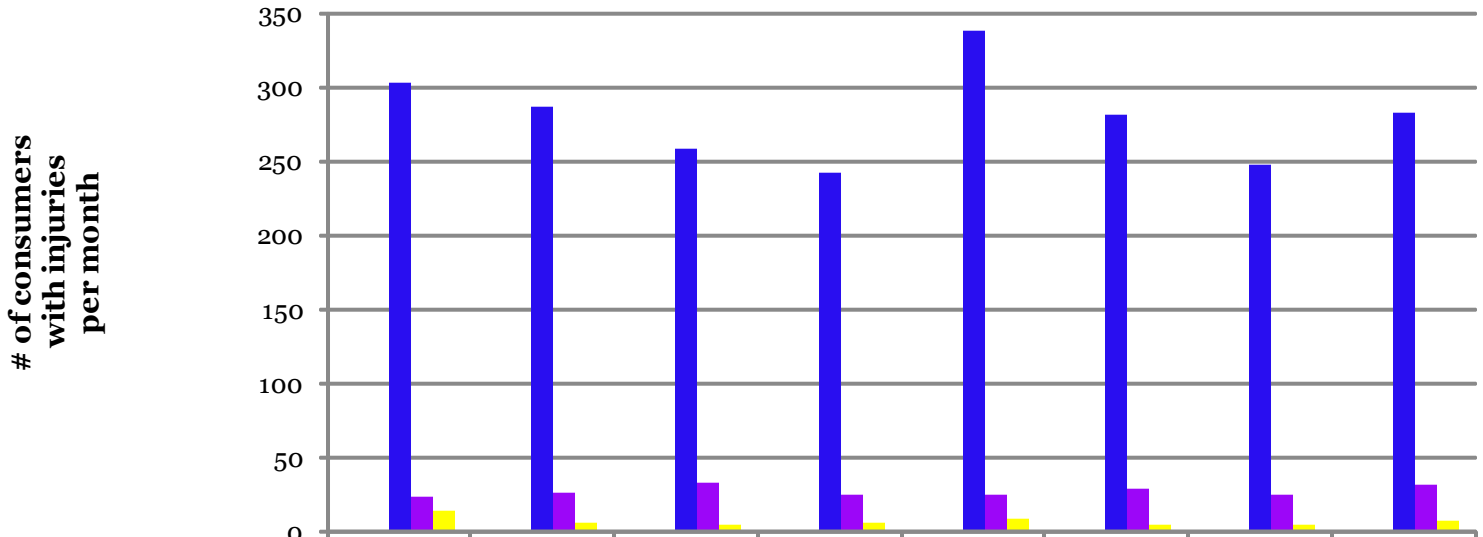
Division of DD Community Consumer Injuries



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Total # of Injuries	398	366	343	316	388	315	316	340
Medical Intervention	256	239	236	210	260	212	198	218
Hospitalization	64	43	29	34	28	30	37	54
Emergency Room Visits	78	84	77	71	99	72	80	68
Injuries Resulting in Death	0	0	1	1	1	1	1	0
# Consumers in Placement	5954	5977	5937	6133	6249	6290	6541	6738
Injuries per 100 Consumers/mo	2.2	2.0	1.9	1.7	2.1	1.7	1.6	1.7

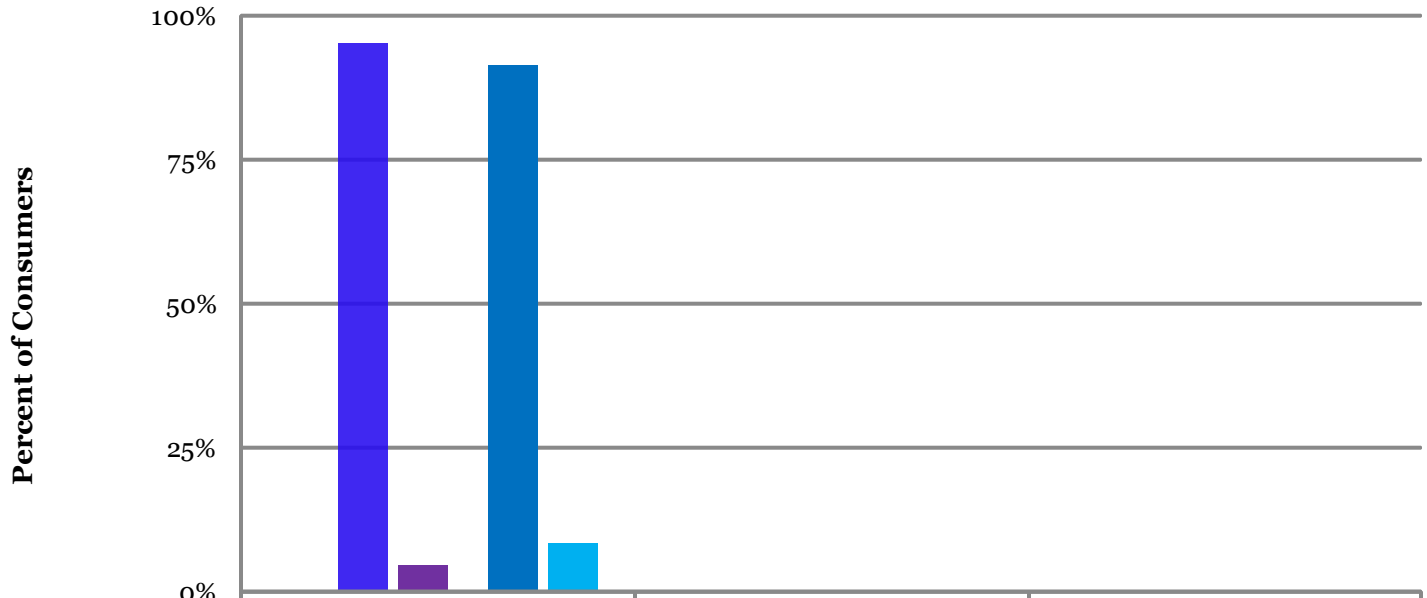
NOTE: The increase in census numbers in the last three quarters is due in part to data correction of program codes in the CIMOR system. Data reflects injuries requiring more than minor first aid as an intervention - previous charts included minor first aid as an intervention. Medical intervention denotes care requiring attention by a licensed professional and for community consumers indicates care provided in primary care physician's office or urgent care.

Division of DD
Community
Consumers with 0, 1, 2, or 3+ Injuries



	Apr-Jun 2008	July-Sept 2008	Oct - Dec 2008	Jan - Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan - Mar 2010
# DD Community Consumers (unduplicated) in 24 * Care	5954	5977	5937	6133	6249	6290	6541	6738
# DD Community Consumers with No Injuries	5612	5656	5639	5858	5876	5974	6262	6415
# DD Consumers with Exactly 1 Injury	303	287	259	242	338	281	248	283
# DD Consumers with Exactly 2 Injuries	24	27	34	26	26	30	26	32
DD Community Consumers with 3 or More Injuries	15	7	5	7	9	5	5	8

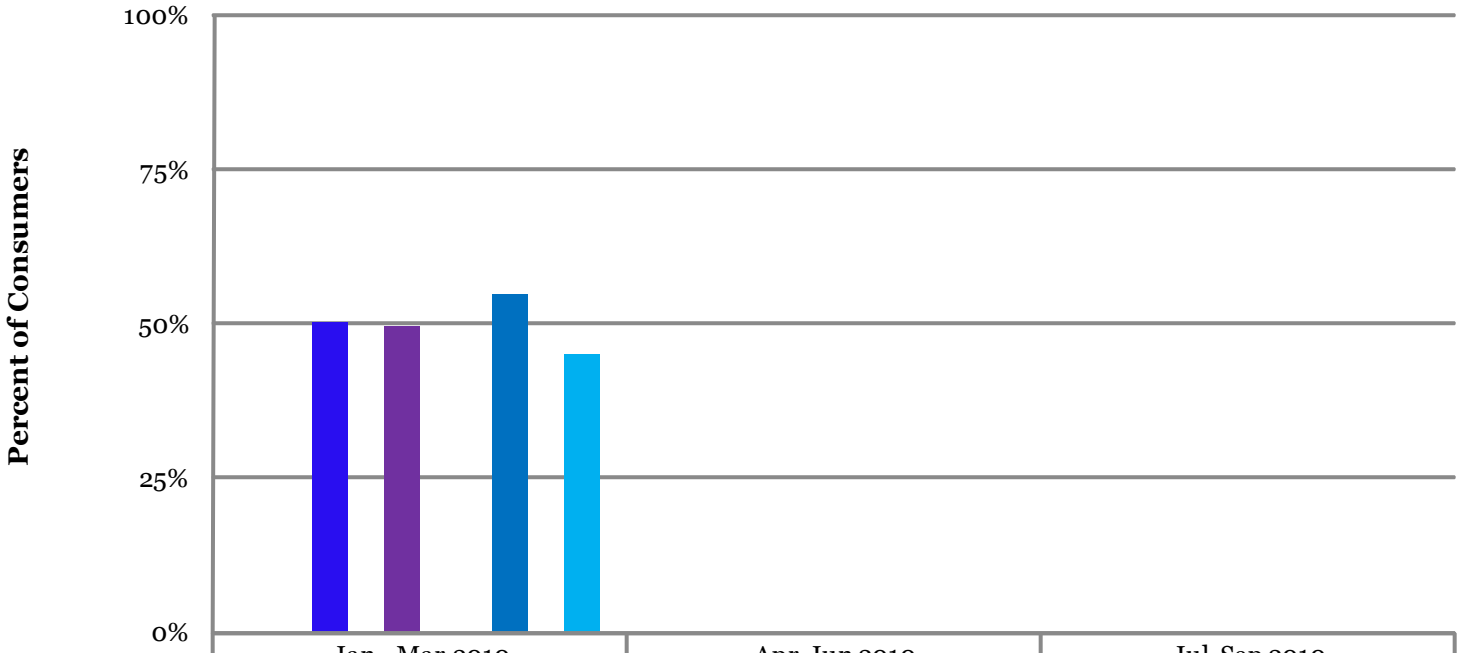
Division of DD Residential Services Medicaid and Non-Medicaid



	Jan - Mar 2010	Apr-Jun 2010	Jul-Sep 2010
# Consumer Served in Hab Centers	704		
# HC Consumers Medicaid Eligible	672		
% HC Consumers Medicaid Eligible	95%		
# HC Consumers Not Medicaid Eligible	32		
% HC Consumers Not Medicaid Eligible	5%		
# Consumers Served in Community Residential	6738		
# Consumers Community Medicaid Eligible	6162		
% Consumers Community Medicaid Eligible	91%		
# Consumers Community Not Medicaid Eligible	576		
% Consumers Community Not Medicaid Eligible	9%		

Note: Jan-Mar 2010 is the first quarter for reporting Medicaid and Non-Medicaid data.

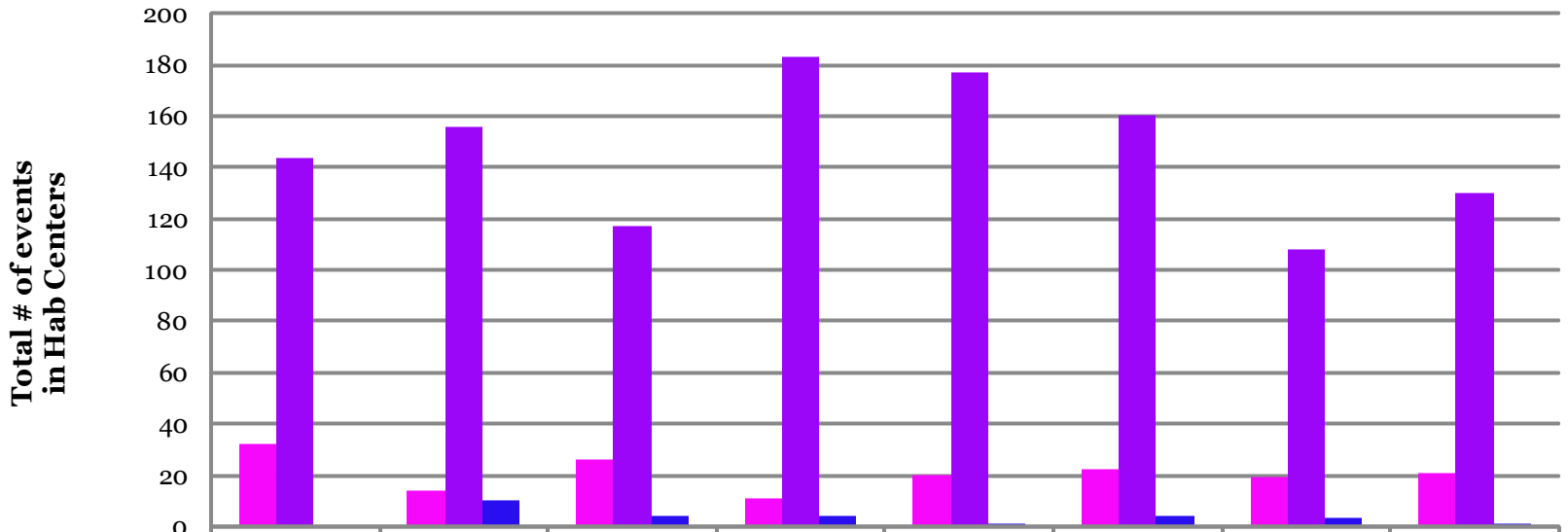
Divison of DD Non-Residential Services Medicaid and Non-Medicaid



	Jan - Mar 2010	Apr-Jun 2010	Jul-Sep 2010
# Consumers served in Case Management (CM) Only	14600		
# Consumers CM Only Medicaid Eligible	7342		
% Consumers CM Only Medicaid Eligible	50%		
# Consumers Case Management Only Not Medicaid Eligible	7258		
% Consumers CM Only Not Medicaid Eligible	50%		
# Consumers Served in Other Services	12658		
# Consumers Other Services Medicaid Eligible	6944		
% Consumers Other Services Medicaid Eligible	55%		
# Consumers Other Services Not Medicaid Eligible	5714		
% Consumers Other Services Not Medicaid Eligible	45%		

Note: Jan-Mar 2010 is the first quarter for reporting Medicaid and Non-Medicaid Eligible data.

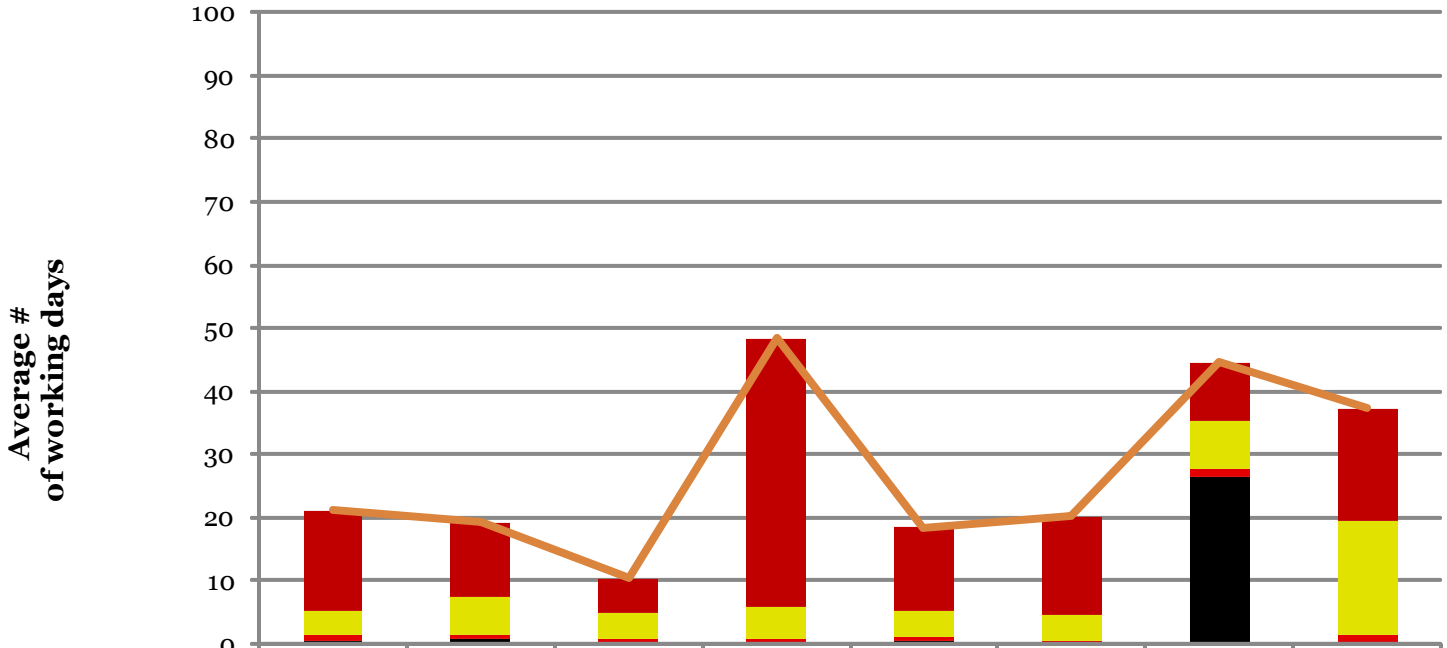
Division of DD Habilitation Centers
Inquiries into Potential Abuse/Neglect Allegations



	Apr-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct - Dec 2009	Jan-Mar 2010
A/N Investigations Opened	32	14	26	11	20	22	19	21
Inquiries	144	156	117	183	177	160	108	130
Decisions Pending	0	10	4	4	1	4	3	1

NOTE: If an allegation is made but has not yet been assigned an investigation or inquiry, it is counted as "pending" above. If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated count of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding an allegation, it is called a "determination". An inquiry is the process of gathering facts surrounding an event, complaint or upon discovery of unknown injury to determine whether the incident or event is suspect for abuse or neglect.

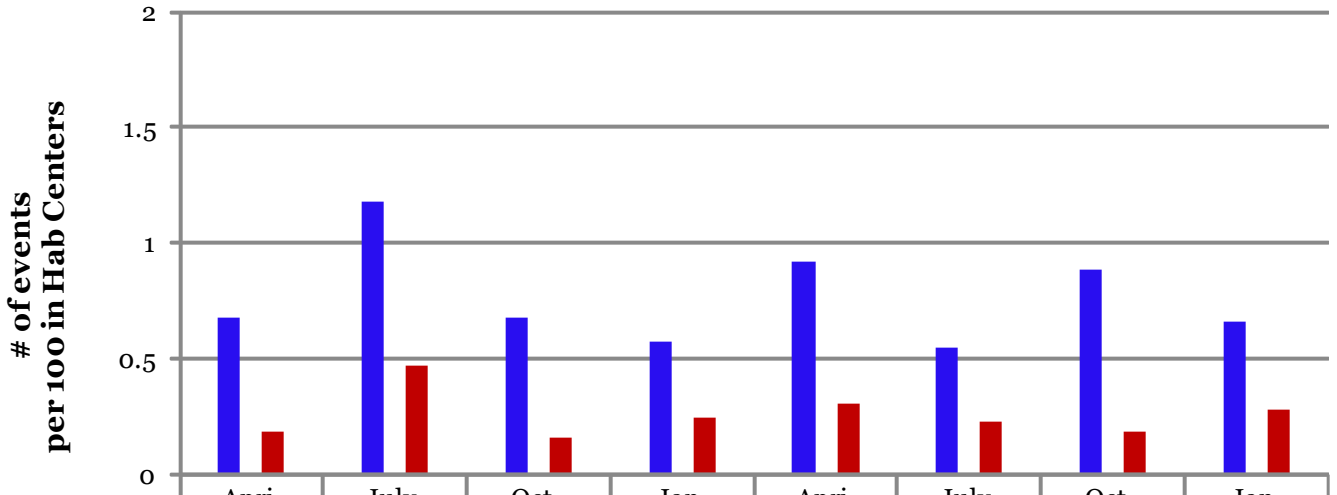
Duration of Investigation Process
Habilitation Centers



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
DD Hab Center Event Count	17	26	12	8	16	9	20	8
Inv. Final Report to Final Determ.	15.94	11.77	5.58	42.5	13.25	15.67	9.25	17.88
Inv. Request to Final Report	3.76	6.12	3.83	5.25	4.19	4.00	7.70	18
Event Report to Inv. Request	1.00	0.65	0.92	0.63	0.50	0.44	1.10	1.13
Event Discovery to Report	0.35	0.69	0.00	0.00	0.50	0.00	26.55	0.25
Total Investigation Time (90%)	21.06	19.23	10.33	48.38	18.44	20.11	44.60	37.25

NOTE: Timelines are divided into 4 distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding outlier cases.

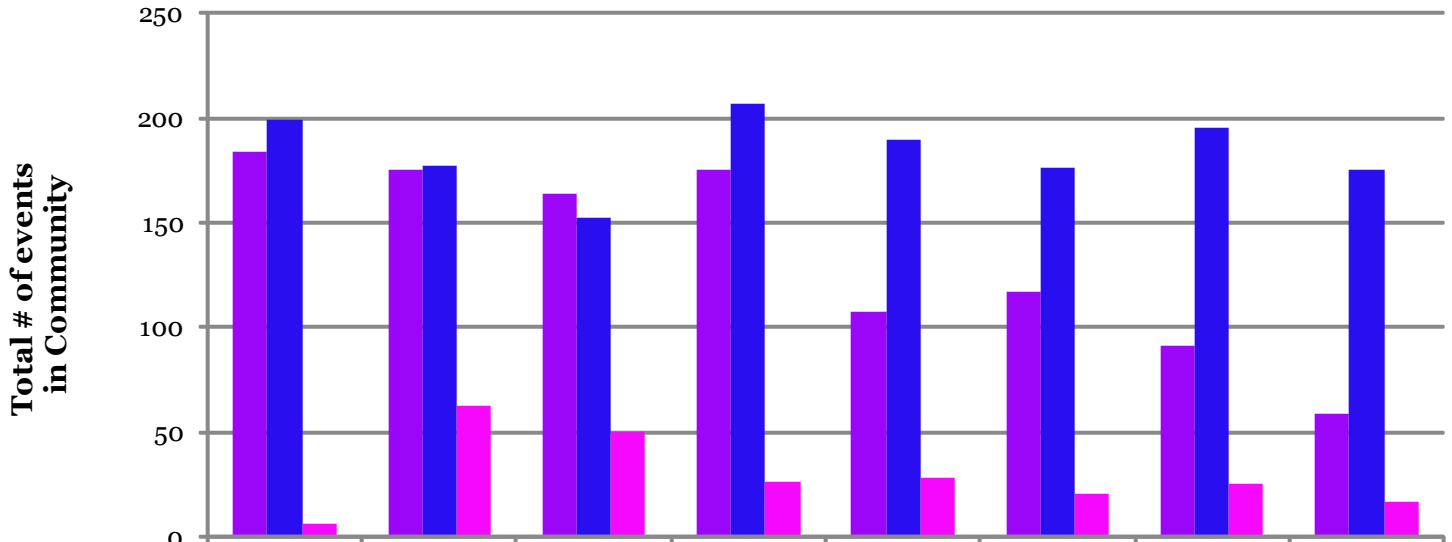
Division of DD
Habilitation Centers
Abuse and Neglect Investigations



	Apri-Jun 2008	July-Sep 2008	Oct - Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct - Dec 2009	Jan-Mar 2010
CO Investigations Completed	18	30	17	14	21	12	19	14
# Investigations per 100 in Placement	0.68	1.18	0.68	0.57	0.92	0.55	0.88	0.66
Substantiations	5	12	4	6	7	5	4	6
# Substantiations per 100 in Placement	0.19	0.47	0.16	0.25	0.31	0.23	0.19	0.28
# Consumer in Hab Centers	880	845	833	816	763	733	718	704

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. We are using unique consumers in placement per month in order to use the same measure as community rate. Excludes Neglect II and Verbal abuse for all quarters reflected.

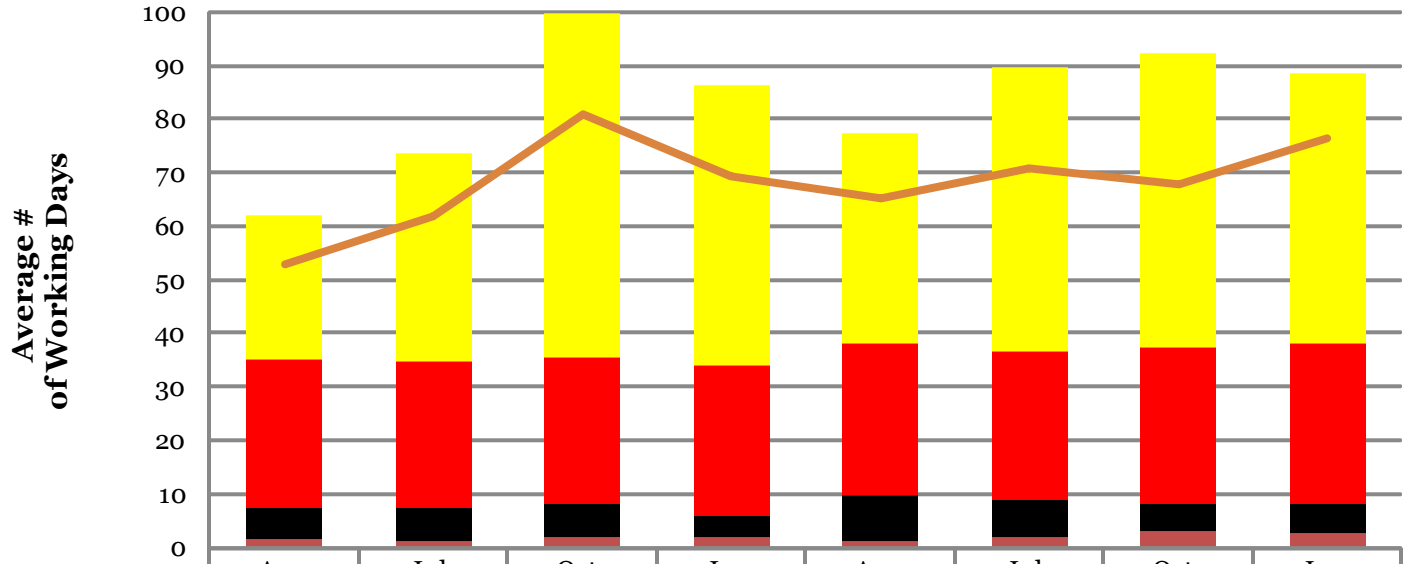
Division of DD Community Inquiries into Potential Abuse/Neglect Allegations



	Apri-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct - Dec 2009	Jan-Mar 2010
A/N Investigation Opened	184	175	164	175	107	117	91	59
Inquiries	199	177	152	207	190	176	195	175
Decisions pending	6	63	50	26	28	20	25	17

NOTE: If an allegation is made but has not yet been assigned an investiation or inquiry, it is counted as "pending" above. If an event intially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated acount of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regading an allegation it is called a "determination". Definition - Inquiry: process of gathering facts surrounding an event, complaint or upon discovery of unknown injury to determine whether the incident or event is suspect for abuse or neglect.

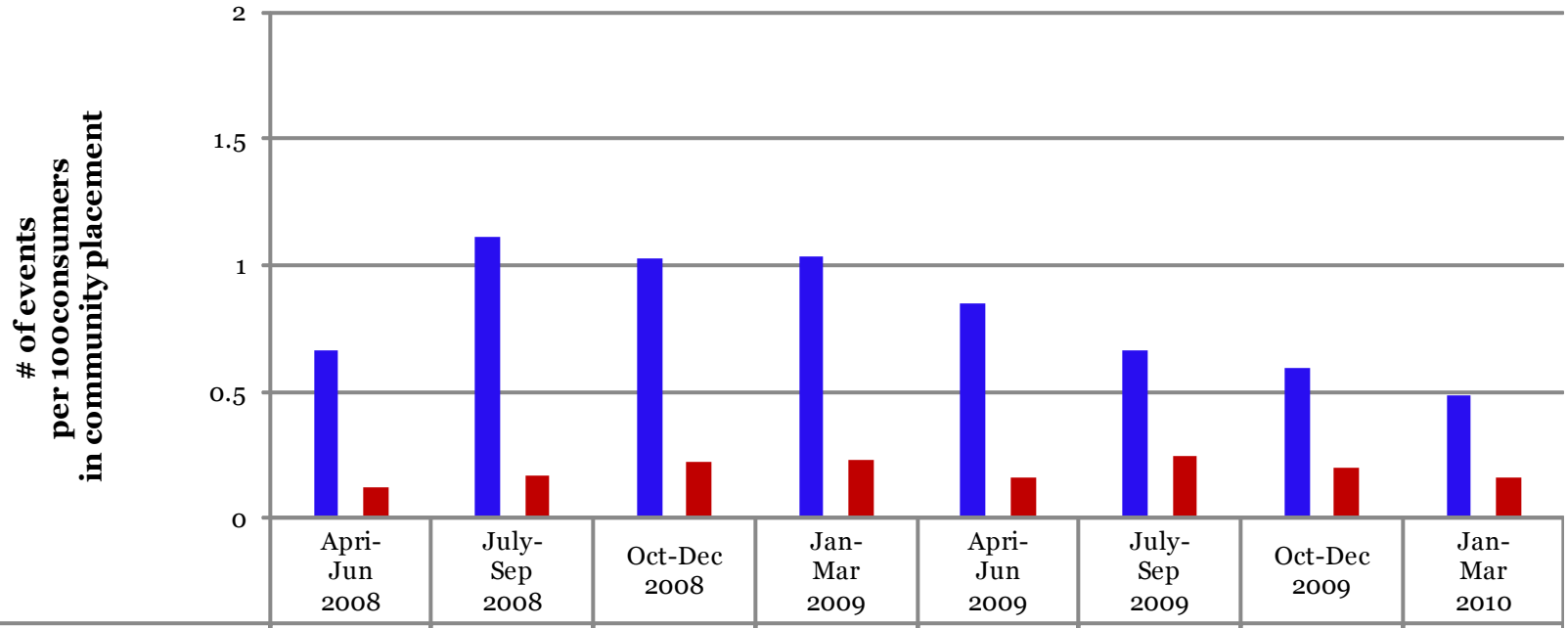
Duration of Investigation Process
DD Community



	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10
DD Community Event Count	263	184	227	230	210	173	161	108
Inv. Final Report to Final Det.	26.95	38.94	64.28	52.35	39.28	53.09	55.10	50.57
Inv. Request to Final Report	27.71	27.27	26.96	28.29	28.61	27.81	28.82	29.93
Event Report to Inv. Request	5.85	6.26	6.33	3.86	8.40	7.13	5.28	5.63
Event Discovery to Report	1.56	1.17	2.04	1.95	1.15	1.73	3.10	2.53
Total Investigation Time (90%)	52.94	61.69	80.99	69.33	65.26	70.89	67.69	76.36

NOTE: Timelines are divided into 4 distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding outlier cases.

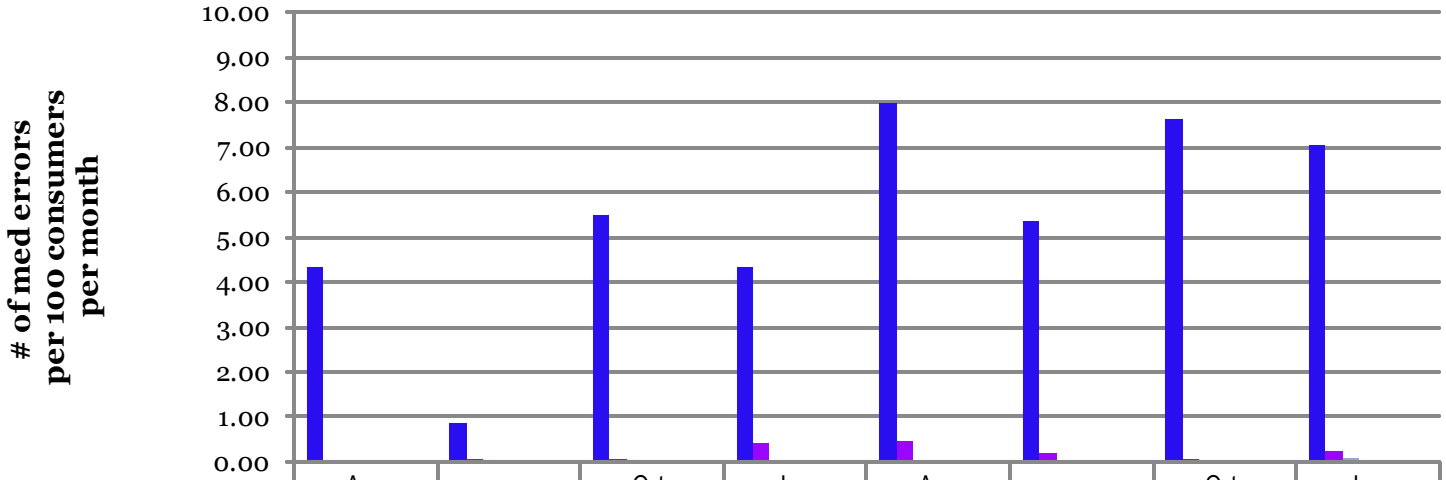
Division of DD Community Abuse and Neglect Investigations



	Apri-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
CO Investigations Completed	119	199	183	190	159	126	117	99
# Investigations per 100 in Placement	0.67	1.11	1.03	1.03	0.85	0.67	0.60	0.49
Substantiations	22	31	40	42	31	46	39	33
# Substantiations per 100 in Placement	0.12	0.17	0.22	0.23	0.17	0.24	0.20	0.16
# Placement in Community	5954	5977	5937	6133	6249	6290	6541	6738

NOTE: The increase in census numbers in the last three quarters is due to corrections in the programs codes in the CIMOR system. Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Consumers in placement per month are used to compare both Hab Center and community residents. Excludes Neglect II and Verbal abuse for all quarters reported.

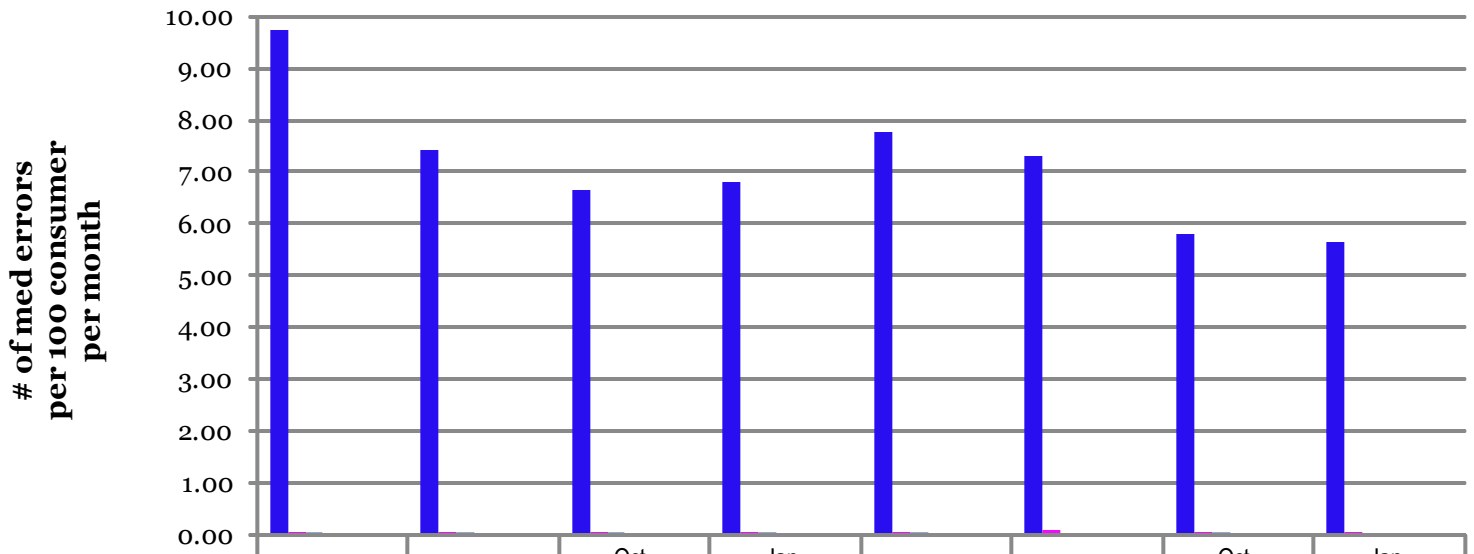
Division of DD
Habilitation Centers
Medication Errors



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Minimal Med Errors per 100 Consumers per Month	4.36	0.87	5.48	4.33	7.99	5.37	7.61	7.05
Moderate Med Errors per 100 Consumers per Month	0.00	0.04	0.08	0.41	0.48	0.18	0.05	0.24
Serious Med Errors per 100 Consumers per Month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05
Hab Center Minimal Medication Errors	115	22	137	106	183	118	164	149
Hab Center Moderate Medication Errors	0	1	2	10	11	4	1	5
Hab Center Serious Medication Errors	0	0	0	0	0	0	0	1
# Hab Center Consumers	880	845	833	816	763	733	718	704

NOTE: Definition of med error: "Minimal"- no or minimal adverse consequences and no treatment or other interventions other than monitoring or observation. "Moderate" - is short term reversible adverse consequences and receives treatment and/or intervention in addition to monitoring. "Serious"- life threatening and/or permanent adverse consequences or results in hospitalization.

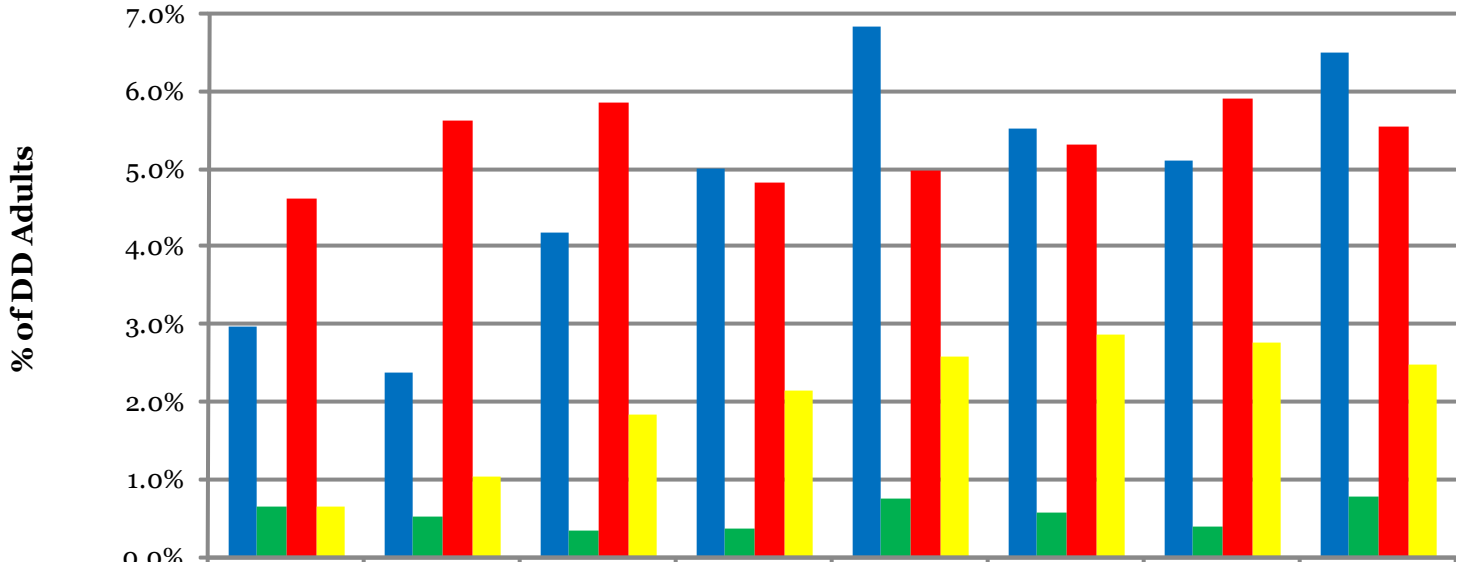
Division of DD Community Medication Errors



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Minimal Med Errors per 100 Consumers per Month	9.74	7.43	6.64	6.80	7.76	7.32	5.81	5.63
Moderate Med Errors per 100 Consumers per Month	0.05	0.06	0.06	0.07	0.05	0.10	0.05	0.07
Serious Med Errors per 100 Consumers per Month	0.01	0.01	0.01	0.02	0.01	0.00	0.01	0.00
Community Minimal Medication Errors	1740	1332	1182	1252	1455	1381	1140	1139
Community Moderate Medication Errors	9	10	10	13	9	18	9	14
Community Serious Medication Errors	1	1	1	3	1	0	1	0
# Placement in Community	5954	5977	5937	6133	6249	6290	6541	6738

NOTE: The increase in census numbers in the last two quarters is due to a correction of program codes in he CIMOR system.
Definitions of med errors: "Minimal" - no or minimal adverse consequences and no treatment or interventions other than monitoring or observation.
"Moderate" - short term or reversible adverse consequences and receives treatment and/or intervention in addition to monitoring.
"Serious" - life threatening and/or permanent consequences or results in hospitalizations.

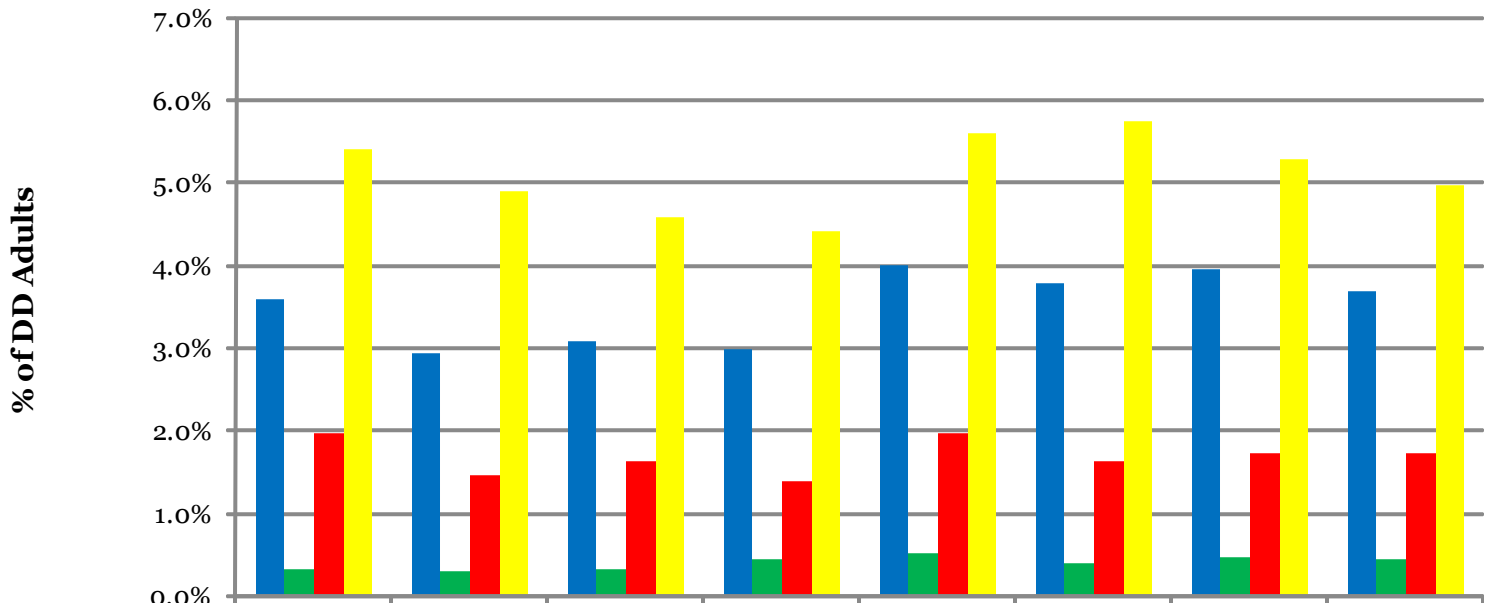
DD Habilitation Center Adult Medication Screens



	March 08-May 08	June 08-Aug 08	Sep 08-Nov 08	Dec 08-Feb 09	Mar 09-May 09	June 09-Aug 09	Oct 09-Dec 09	Jan 10 - Mar 10
Adults use of 5 or more Psychotropic Meds 60 or more days	18	14	25	28	37	29	26	34
% Hab. Center Adults use of 5 or more Psychotropic Meds 60 or more days	2.96%	2.38%	4.18%	5.01%	6.83%	5.51%	5.11%	6.49%
Adults use of 3 or more Antipsychotic Meds 45 or more days	4	3	2	2	4	3	2	4
% Hab. Center Adults use of 3 or more Antipsychotic Meds 45 or more days	0.66%	0.51%	0.33%	0.36%	0.74%	0.57%	0.39%	0.76%
Use of Atypical Antipsychotic at Higher than recommended dose for 45 days or more	28	33	35	27	27	28	30	29
% of Hab. Center Adults on Atypical Antipsychotic at High Dose for 45 days or more	4.61%	5.61%	5.85%	4.83%	4.98%	5.32%	5.89%	5.53%
Use of Atypical Antipsychotic at Lower than recommended dose for 45 days or more	4	6	11	12	14	15	14	13
% of Hab. Center Adults on Atypical Antipsychotic at Low Dose for 45 days or more	0.66%	1.02%	1.84%	2.15%	2.58%	2.85%	2.75%	2.48%
Habilitation Center Adults with MHN Behavioral Medications Claims	608	588	598	559	542	526	509	524

NOTE: "Quarters" do not match other charts - using time periods set by most recent consecutive " Missouri CMHC Behavioral Pharmacy Management Program" reports.

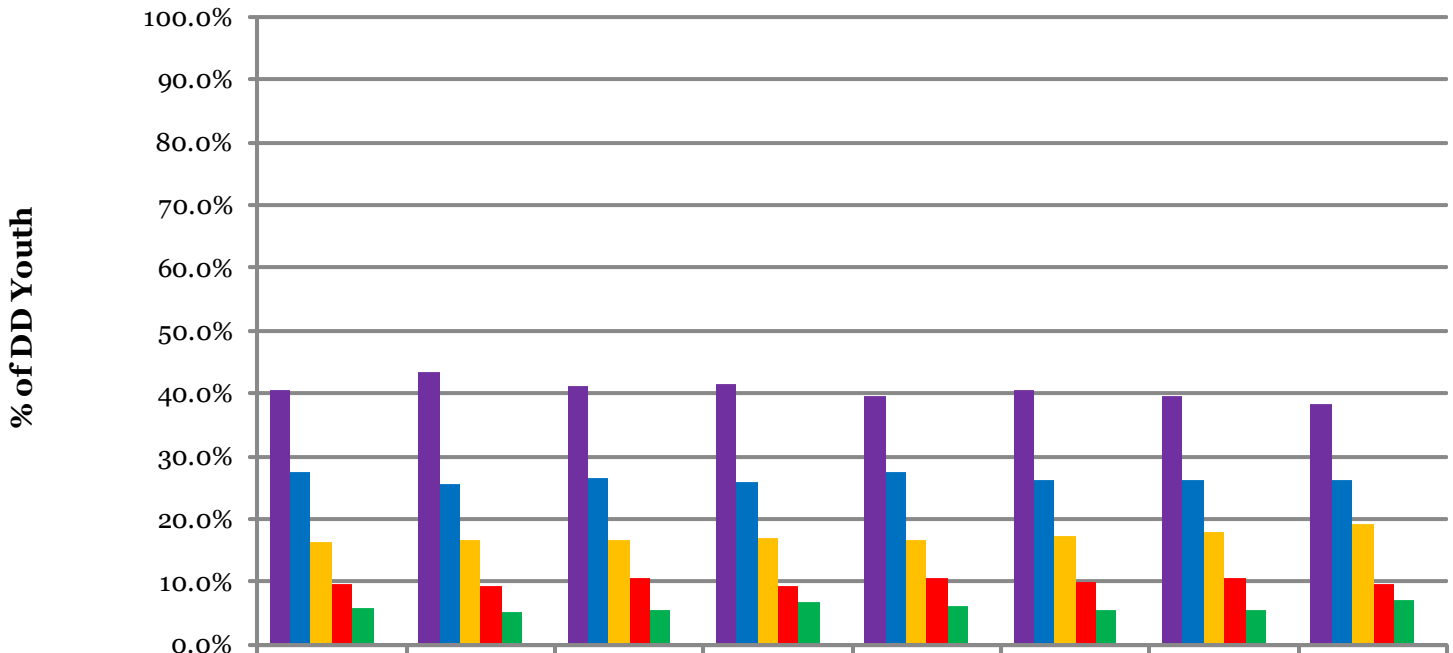
DD Community Adult Medication Screens



	March 08-May 08	June 08-Aug 08	Sep 08-Nov 08	Dec 08-Feb 09	Mar 09-May 09	June 09-Aug 09	Oct 09-Dec 09	Jan 10 - Mar 10
Adults use of 5 or more Psychotropic Meds 60 or more days	286	238	243	246	334	311	330	330
% DD Community Adults use of 5 or more Psychotropic Meds 60 or more days	3.60%	2.95%	3.08%	2.99%	4.00%	3.79%	3.95%	3.68%
Adults use of 3 or more Antipsychotic Meds 45 or more days	26	24	26	36	44	33	39	41
% DD Community Adults use of 3 or more Antipsychotic Meds 45 or more days	0.33%	0.30%	0.33%	0.44%	0.53%	0.40%	0.47%	0.46%
Use of Atypical Antipsychotic at Higher than Recommended Dose for 45 days or more	157	118	129	114	165	134	145	156
% of DD Community Adults on Atypical Antipsychotic at High Dose for 45 days or more	1.98%	1.46%	1.63%	1.38%	1.98%	1.63%	1.74%	1.74%
Use of Atypical Antipsychotic at Lower than Recommended Dose for 45 days or more	429	395	362	363	468	472	441	445
% of DD Community Adults on Atypical Antipsychotic at Low Dose for 45 days or more	5.40%	4.89%	4.59%	4.41%	5.61%	5.75%	5.28%	4.97%
DD Community Adults with MHN Behavioral Medications Claims	7938	8076	7890	8237	8342	8207	8350	8959

NOTE: "Quarters" do not match other charts - using time periods set by most recent consecutive " Missouri CMHC Behavioral Pharmacy Management Program" reports.

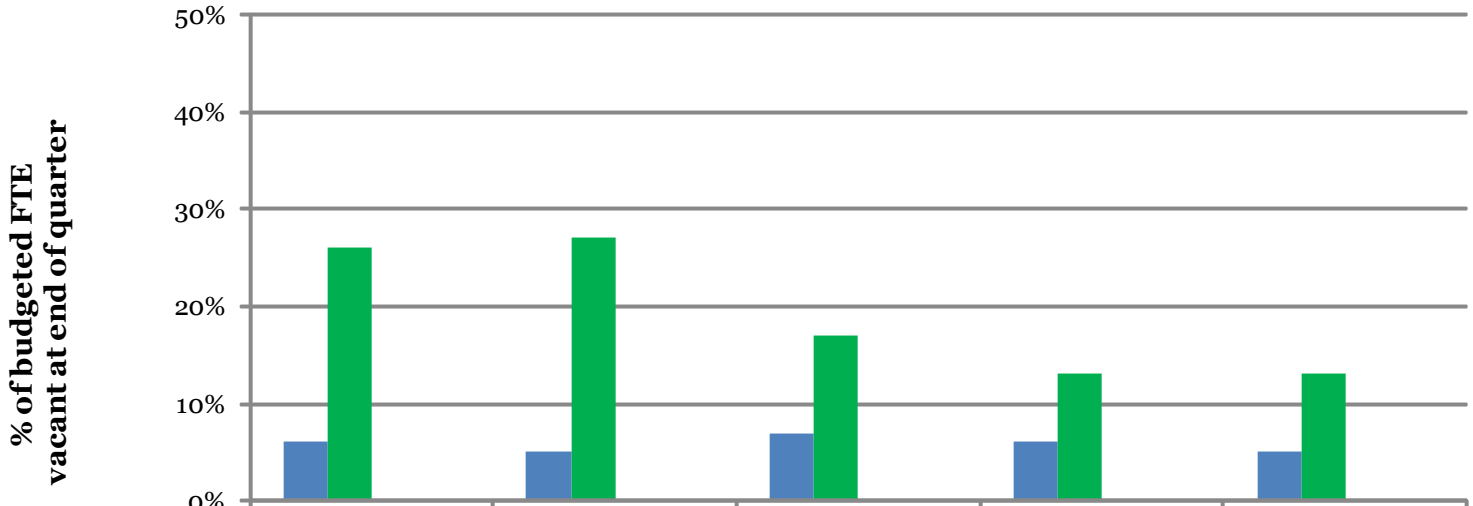
DD Community Youth Prescribed Multiple Behavioral Health Medications



	March 08-May 08	June 08-Aug 08	Sep 08-Nov 08	Dec 08-Feb 09	Mar 09-May 09	June 09-Aug 09	Oct 09-Dec 09	Jan 10 - Mar 10
% DD Community Youth Using 1 Med	40.66%	43.39%	41.32%	41.36%	39.53%	40.58%	39.56%	38.18%
% DD Community Youth Using 2 Concurrent Meds	27.43%	25.57%	26.47%	25.85%	27.44%	26.31%	26.22%	26.04%
% DD Community Youth Using 3 Concurrent Meds	16.35%	16.52%	16.48%	16.91%	16.49%	17.40%	18.05%	19.09%
% DD Community Youth Using 4 Concurrent Meds	9.65%	9.41%	10.70%	9.24%	10.44%	9.97%	10.50%	9.66%
% DD Community Youth Using 5 or more Concurrent Meds	5.91%	5.11%	5.51%	6.64%	6.10%	5.46%	5.33%	7.04%
DD Community Youths Prescribed Behavioral Health / Opiate Meds in 1st 60 days	1761	1701	1832	1656	1935	1885	1934	2216

NOTE: This identifies the maximum number of concurrentbehavioral health and opiate drugs prescribed i n the first 60 days of the 90 day reporting period. Opiates are not included in this count.

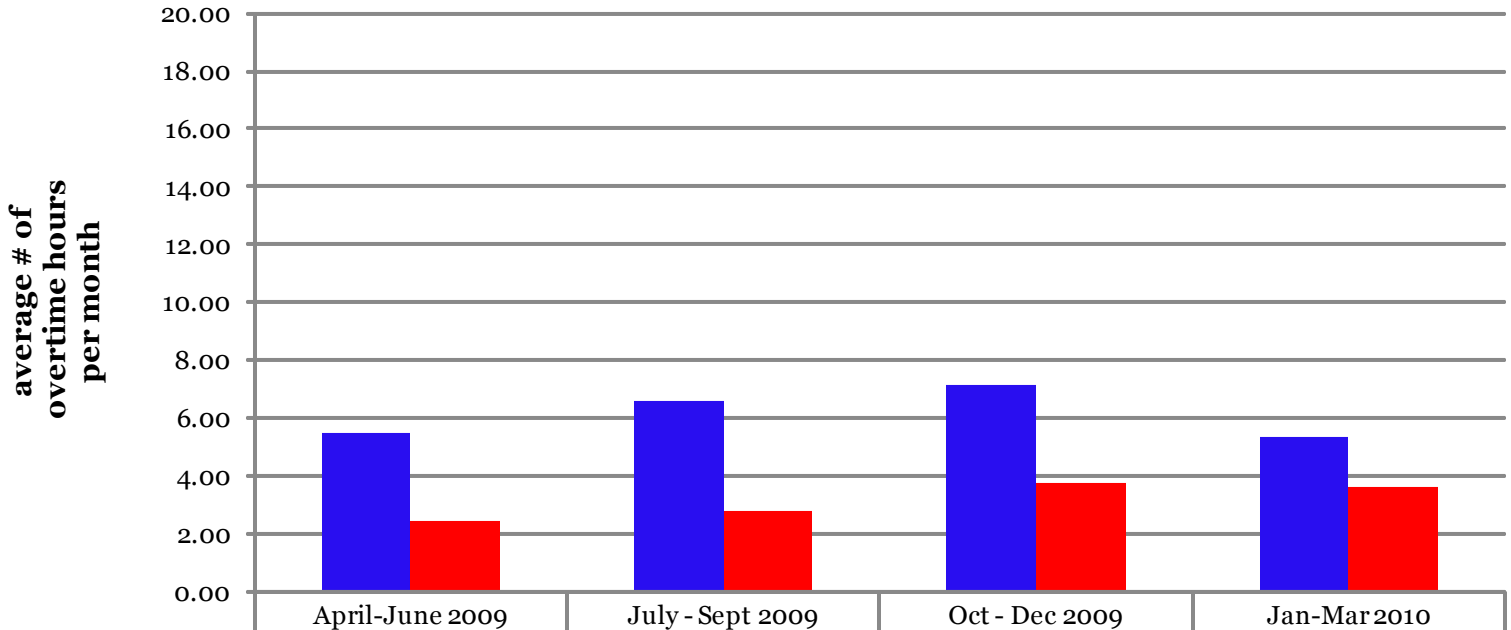
Division of DD
Habilitation Centers
Staff Vacancy Rates



	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
% Vacancy Rates - Direct Care	6%	5%	7%	6%	5%
% Vacancy Rates - Licensed Nursing	26%	27%	17%	13%	13%
# Direct Care Vacancies	117.2	94.0	120.2	117.0	94.6
# Licensed Nursing Vacancies	50.12	52.12	32.00	25.50	24.32

NOTE: Vacancy rates are based upon last day of the month for the quarter.
Definitions: Direct Care - DAI, DAII, DAIII.
Licensed Nursing - Licensed Practical Nurses (LPN) and Registered Nurses (RN).

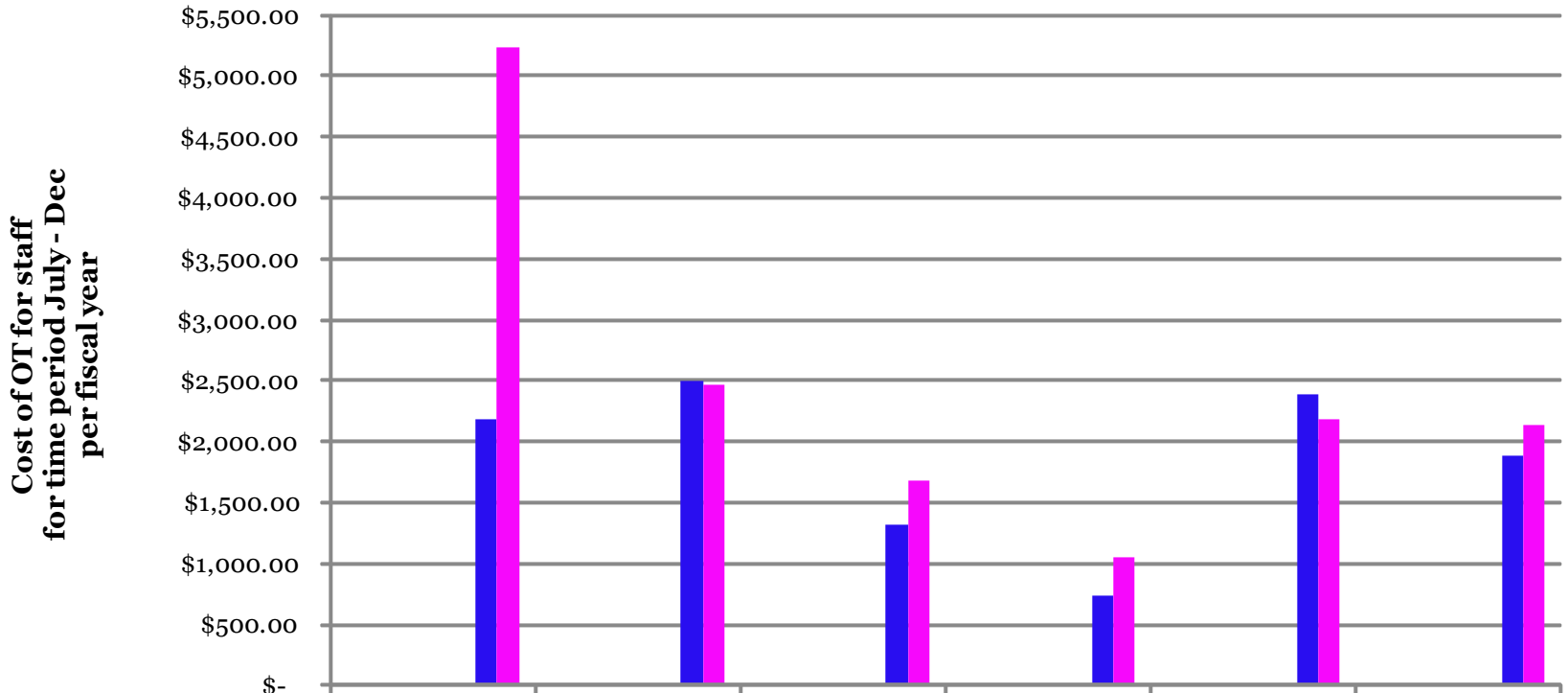
Division of DD
Habilitation Center
Staff Overtime Hours



	April-June 2009	July - Sept 2009	Oct - Dec 2009	Jan-Mar 2010
Average # OT Hours Worked Per Active Direct Care Staff/Month	5.49	6.56	7.14	5.36
Average # OT Hours Per Active Licensed Staff/Month	2.43	2.78	3.73	3.62

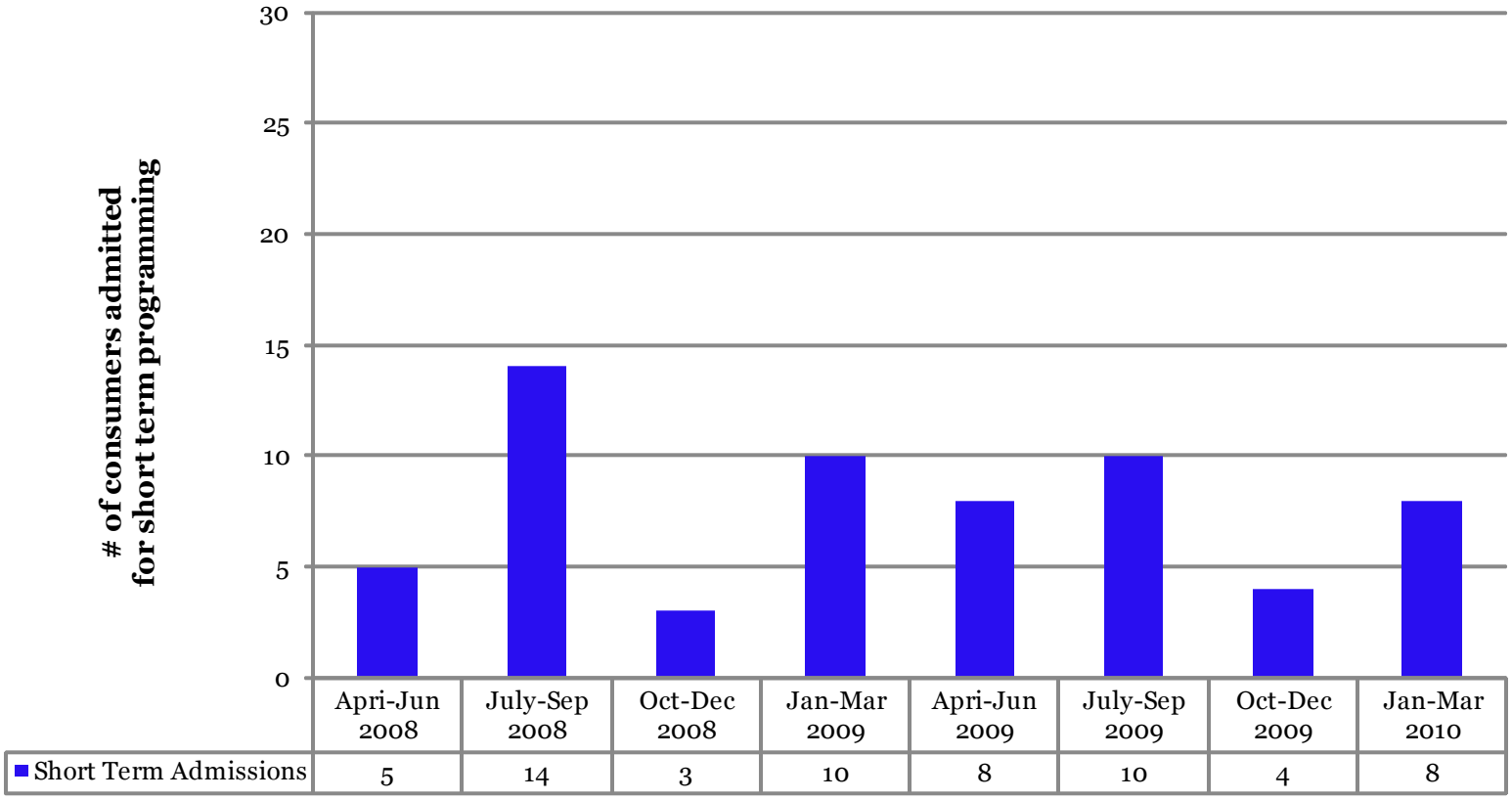
NOTE: Staff noted are active staff.
Definitions: Direct Care - Developmental Assistant I (DAI), DAII, DAIII.
Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).

Habilitation Center
Overtime Accrued
FY 2009-FY2010 Comparison



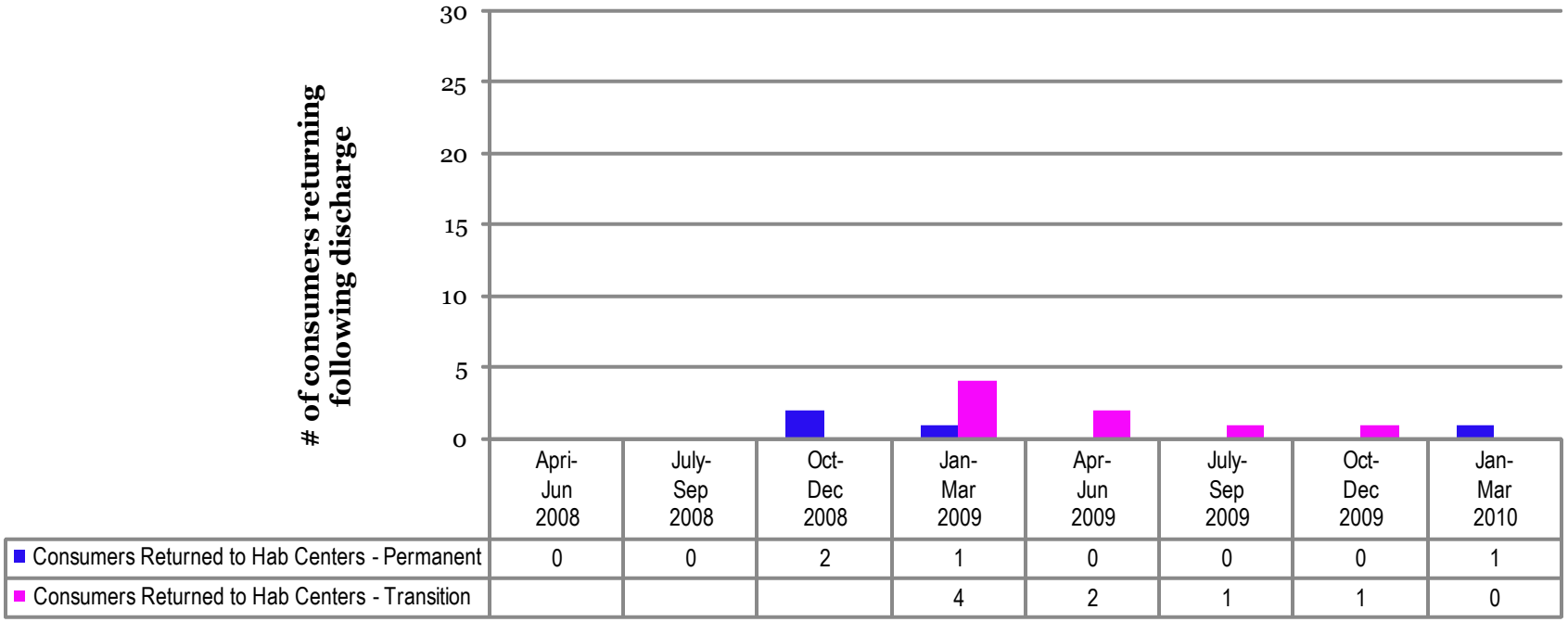
	Marshall	Bellefontaine	Higginsville	Nevada	SLDDTC	SEMORS
FY 2009 July -Dec 08 Cost Direct Care OT Accrued	$1,556,639.37	$1,363,246.19	$562,559.25	$169,489.03	$1,682,305.78	$406,434.09
FY 2009 July-Dec 08 Cost Other Staff OT Accrued	$104,947.87	$77,073.43	$82,050.91	$47,751.95	$50,521.91	$27,829.75
FY 2009 # of Staff 12-31-08	761	578	489	293	725	230
FY 2010 YTD Cost Direct Care OT Accrued	$2,456,901.49	$1,562,656.08	$811,941.92	$275,869.77	$1,466,772.67	$448,204.78
FY 2010 YTD Cost Other Staff OT Accrued	$116,961.90	$10,779.20	$112,618.18	$60,257.28	$44,375.85	$39,797.64
FY 2010 # of Staff 03-31-10	492	638	550	319	691	229
FY 2009 July -Dec 08 OT Cost Per Staff YTD	$2,183.43	$2,491.90	$1,318.22	$741.44	$2,390.11	$1,888.10
FY 2010 OT Cost Per Staff YTD	$5,231.43	$2,466.20	$1,681.02	$1,053.69	$2,186.90	$2,131.01

Division of DD
Short Term Admissions
Habilitation



Definition: Total number of consumers admitted to HC from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community.

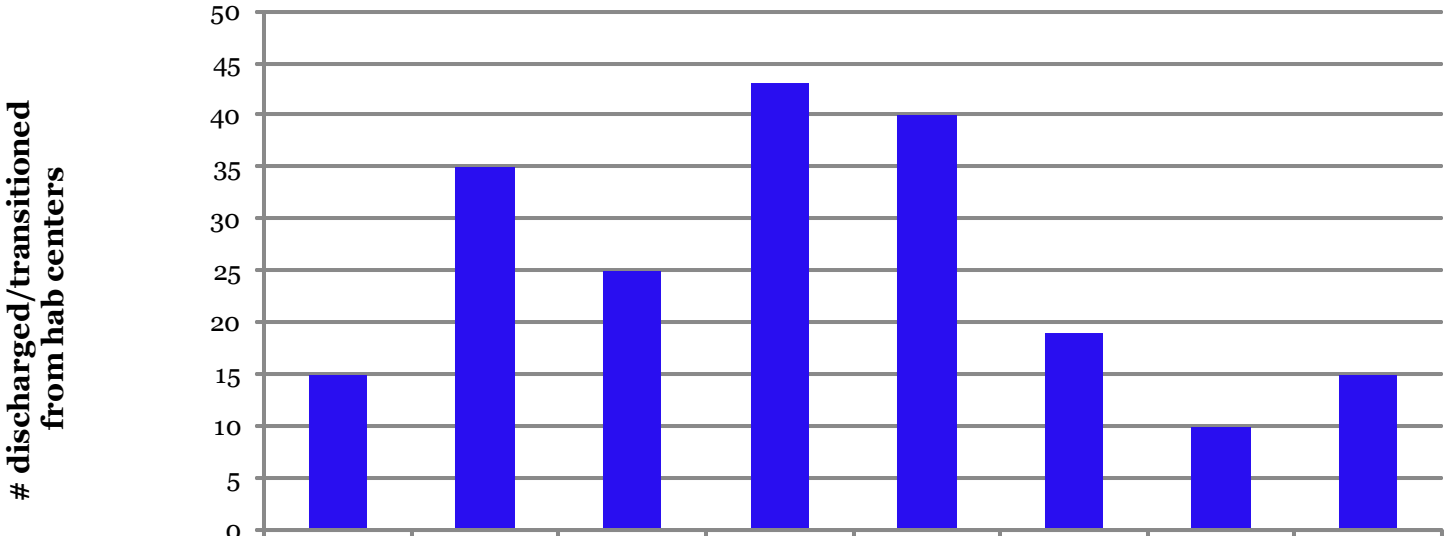
Division of DD
Consumers Readmitted to Habilitation Centers After Transition to the Community



	Apri-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Consumers Returned to Hab Centers - Permanent	0	0	2	1	0	0	0	1
Consumers Returned to Hab Centers - Transition				4	2	1	1	0

Permanent: Total number of consumers previously discharged from the HC within the last 12 months that returned during report period with no plans to move back to community (i.e., something went wrong with placement).
Transition: Total number of consumers, previously discharged from the HC withing the past 90 days, that returned during report period as part of transition plan for medical and/or behavioral support and are expected to return to their home in the community.

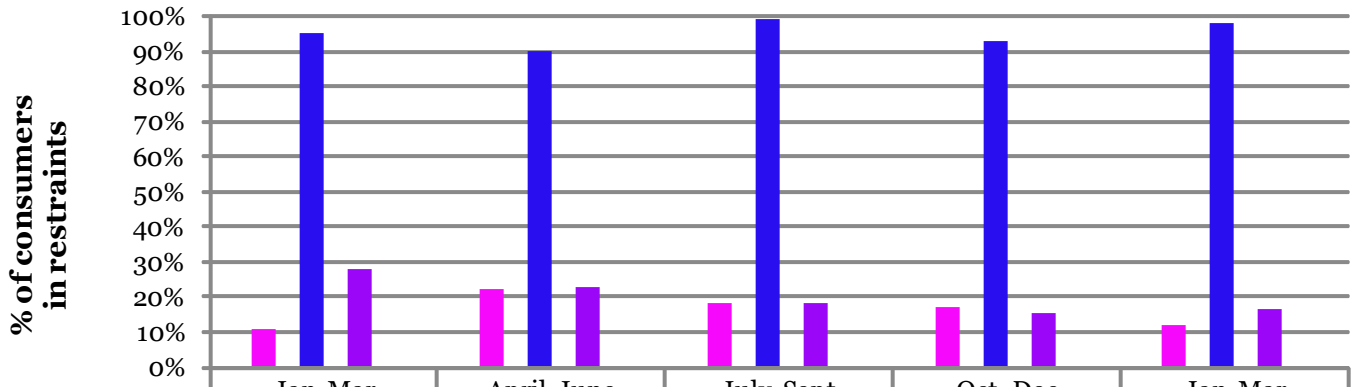
Division of DD
Consumers Discharged/Transitioned from Habilitation Centers



	Apri-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Consumers Discharged/Transitioned from Hab Centers	15	35	25	43	40	19	10	15

This reflects the total number of consumers who lived on the campus of the HC and transitioned to community waiver providers or who were discharged to other settings during the reporting period.

Division of DD Habilitation Centers Use of Restraints

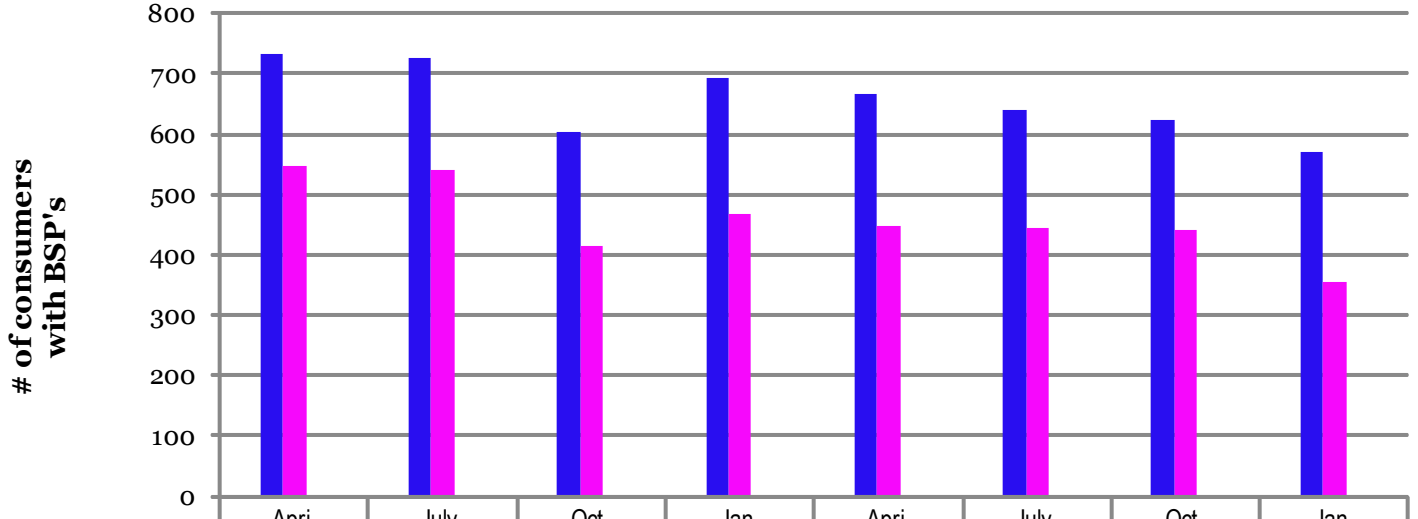


	Jan-Mar 2009	April-June 2009	July-Sept 2009	Oct -Dec 2009	Jan-Mar 2010
# Consumers Chemical Restraint	10	19	13	12	6
% Consumers Chemical Restraint	11%	22%	18%	17%	12%
# Consumers Physical Restraint	88	78	73	66	48
% Consumers Physical Restraint	95%	90%	99%	93%	98%
# Consumers Mechanical Restraint	26	20	13	11	8
% Consumers Mechanical Restraint	28%	23%	18%	15%	16%
# of HC Consumers Restrained	93	87	74	71	49
# of Hab Center Consumers	816	763	733	718	704

NOTE: Each consumer who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs . For example, one consumer may experience a chemical restrain and a physical restraint. They are counted in both categories. Percentage of each type of restraint is based on total number restrained for the quarter.

Chemical Restraint: As defined in section 630.005 RSMO, are drugs which are prescribed or administered to temporarily restrain an individual who is presenting a likelihood of serious physical harm to him/herself or others. Medications for the purpose of affecting behaviors includes major and minor tranquilizers and antidepressents (such as 1 mg Ativan). Chemical restraints do not include drugs that may have behavior modifying effects but that are not prescribed or administrered for that purpose (such as anticonvulsants).
Physical Restraint: Manual hold involving a restriction of an individual's voluntary movement (such as Mandt one person hold).
Mechanical restraint: Any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove (such as cuffs).
Restrained: Total number of different consumers (long term, on campus only) who experienced at least one restraint (chemical, physical, and/or mechanical) during the quarter for behavioral reasons, no medical immobilization, no medical procedures.

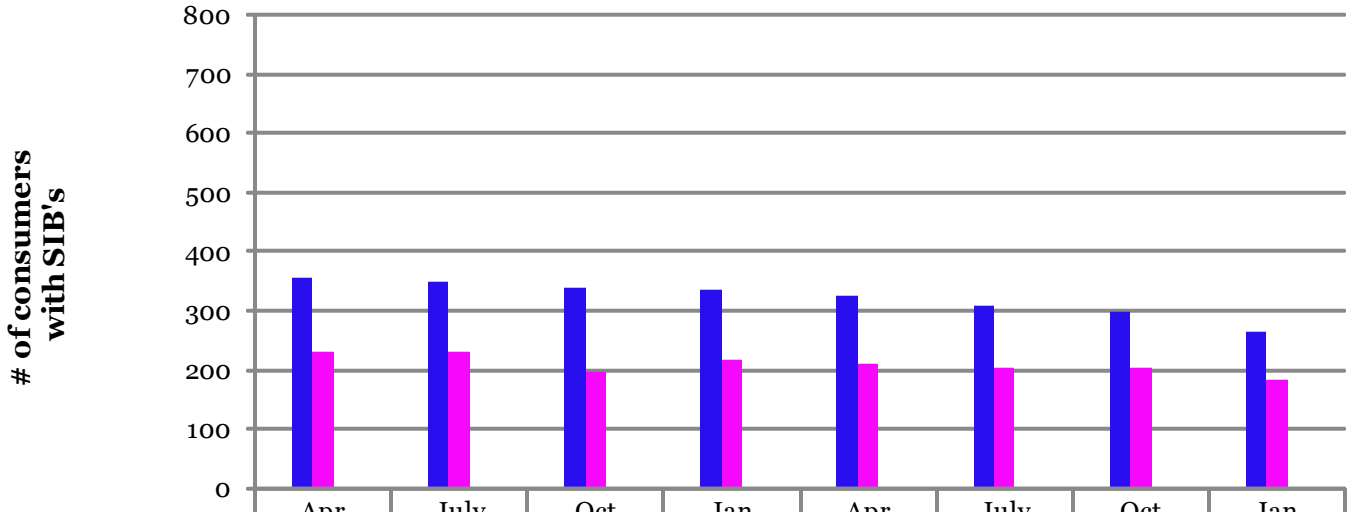
Division of DD
Habilitation Centers
Consumers with Behavior Support Programs



	Apri-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
# Hab Center Consumers	880	845	833	816	763	733	718	704
Consumers with Behavior Support Programs	732	726	603	693	667	639	622	571
Consumers Progressing with Behavior Support Programs	548	540	414	466	448	445	442	356
% On Behavior Support Programs	83.18%	85.92%	72.39%	84.93%	87.42%	87.18%	86.63%	81.11%
% Progressing on Behavior Support Programs	74.86%	74.38%	68.66%	67.24%	67.17%	69.64%	71.06%	62.35%

NOTE: Consumers placed on BSP's may be those who have been prescribed medication for a psychiatric disorder or who exhibit behaviors that interfere with their level of functioning. Number is based upon average of three months in the quarter.
Definition - Consumers with BSP's: Consumers with an individualized plan of behavior analytic procedures developed to systematically address skills or behaviors to be learned and behaviors to be reduced or eliminated.
Definition - Consumers progressing with BSP's: Consumers who are at baseline or below for their targeted behaviors identified in their BSP. Number is based on average for the quarter.

Division of DD
Habilitation Centers
Consumers with Self Injurious Behavior Programs

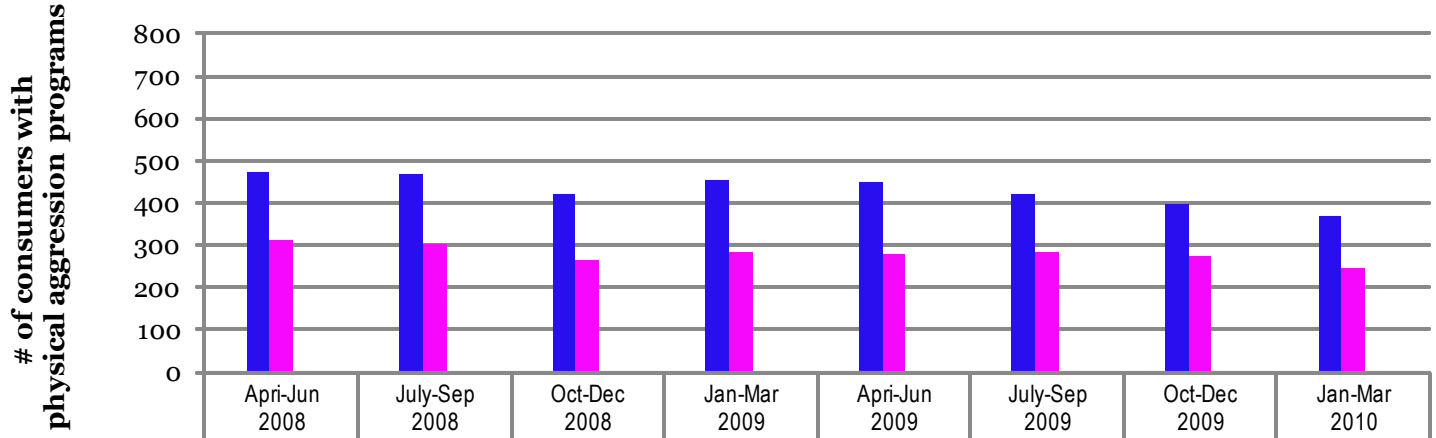


	Apr i-Jun 2008	July - Sep 2008	Oct - Dec 2008	Jan - Mar 2009	Apr i-Jun 2009	July - Sep 2008	Oct - Dec 2009	Jan - Mar 2010
# Hab Center Consumers	880	845	833	816	763	733	718	704
Consumers with Self Injurious Behavior Programs	356	350	338	335	326	310	299	266
Consumers Progressing with Self Injurious Behavior Programs	230	230	196	216	212	205	204	185
% on Self Injurious Behavior Programs	40.45%	41.42%	40.58%	41.05%	42.73%	42.29%	41.64%	37.78%
% Progressing on Self Injurious Behavior Programs	64.61%	65.71%	57.99%	64.48%	65.03%	66.13%	68.23%	69.55%

Self Injurious Behavior Program: A consumer with a Behavior Support Program that includes a program developed to systematically reduce or Eliminate Self Injurious Behaviors (incidents of self harm) such as slapping self in the face, biting self on hand, or banging own head.

Progressing with Self Injurious Behavior Programs: a consumer who is at baseline or below for their Self Injurious Behavior Program.

Division of DD
Habilitation Centers
Consumers with
Physical Agression Programs

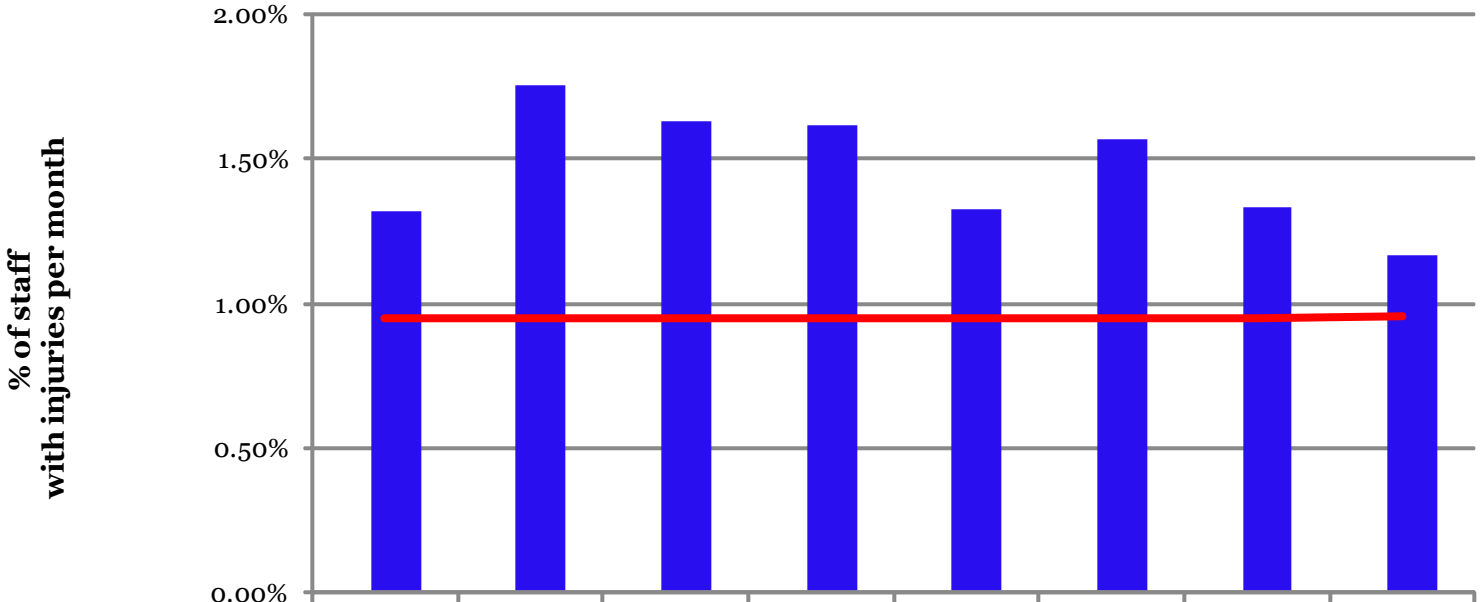


	Apri-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
# Hab Center Consumers	880	845	833	816	763	733	718	704
Consumers with Physical Aggression Programs	472	470	421	453	448	419	398	368
Consumers Progressing with Physical Aggression Programs	311	305	265	283	279	283	273	247
% on Physical Agression Programs	53.64%	55.62%	50.54%	55.51%	58.72%	57.16%	55.43%	52.27%
% Progressing on Physical Agression Programs	65.89%	64.89%	62.95%	62.47%	62.28%	67.54%	68.59%	67.12%

Definition - Physical Aggression Programs: Consumers with a Behavior Support plan that includes a program designed to reduce or eliminate Physical Aggression (such as hitting, kicking, throwing objects, biting) towards another person.

Definition - Progressing with Physical aggression programs: Consumers who are at baseline or below for their Physical Aggression program.

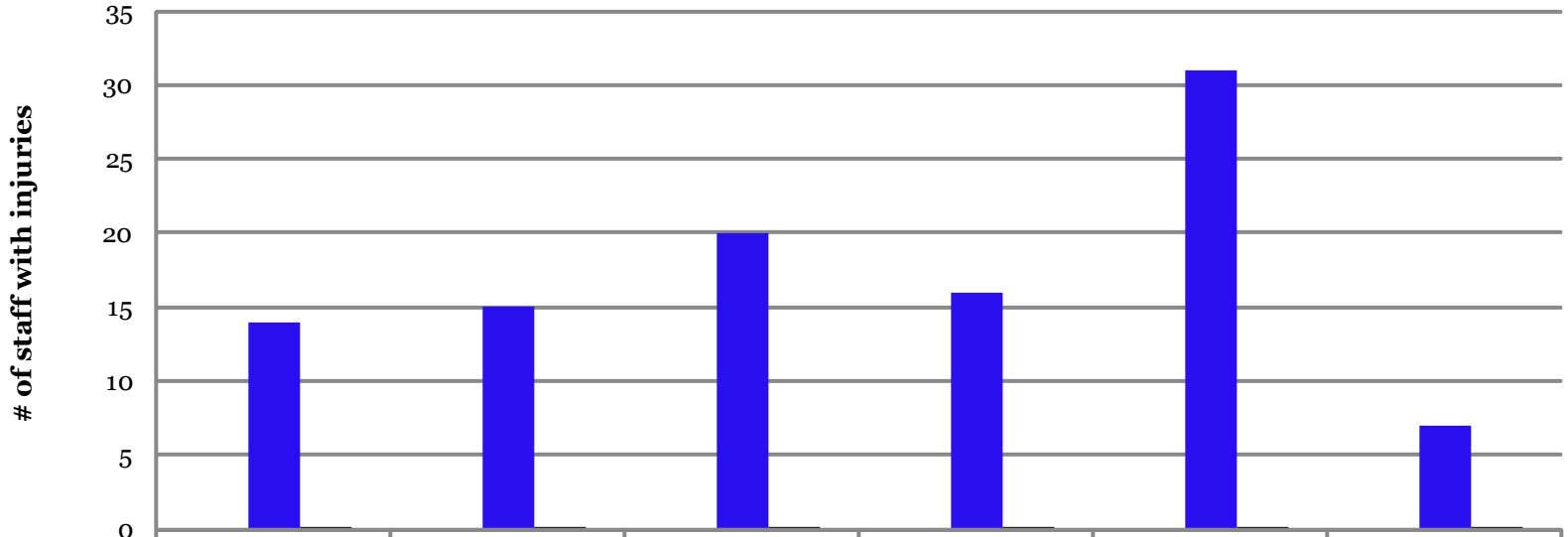
Division of DD Habilitation Centers Staff Injuries



	Apri-Jun 2008	July-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apri-Jun 2009	July-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
# of Injuries Per Month	42	53	50	49	40	46	39	34
# of FTE's	3174	3021	3065	3032	3012	2935	2922	2919
% of Staff with Injuries	1.32%	1.75%	1.63%	1.62%	1.33%	1.57%	1.33%	1.16%
CPS Average Staff with Injuries	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.96%

Reflects the total number of different employees who experienced at least one injury requiring medical treatment or hospitalization.

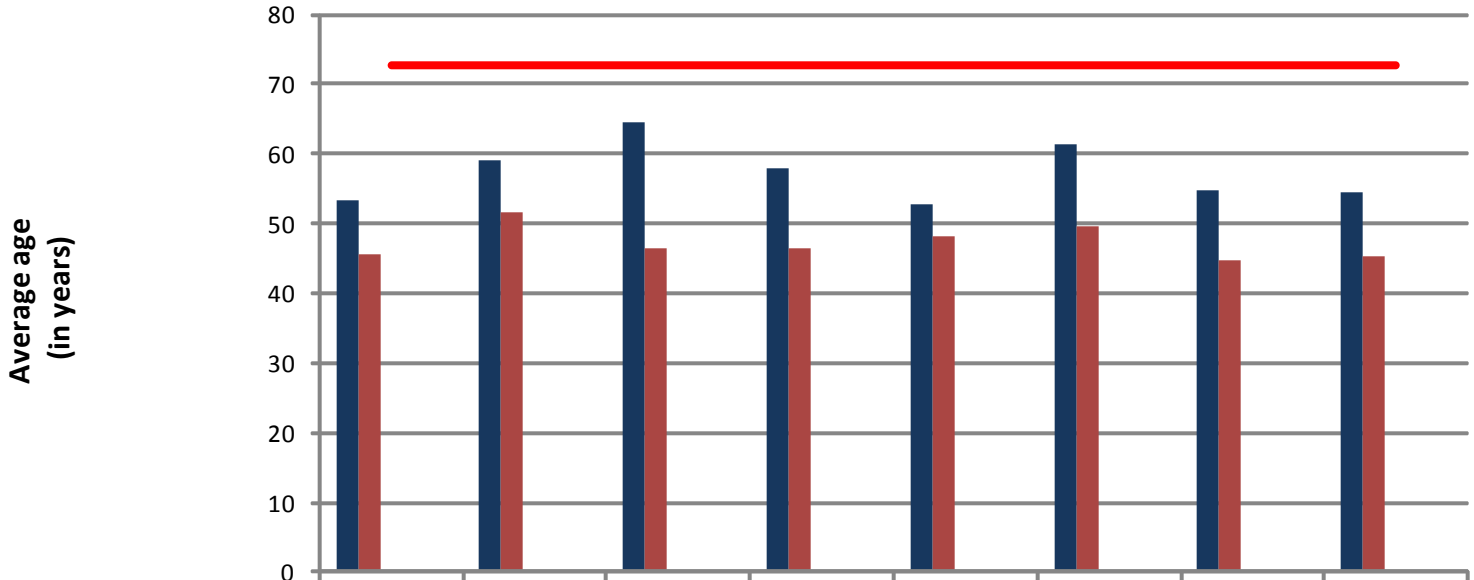
Division of DD Habilitation Centers Staff Injuries by Facility
Jan-Mar 2010



	BHC	HHC	MHC	NHC	DDTC	SEMORS
# Active employees	638	550	492	319	691	229
# injured	14	15	20	16	31	7
% Injured per Active Employee/Month	0.73%	0.91%	1.36%	1.67%	1.50%	1.02%

Definition: Total number of different employees who experienced at least one injury requiring medical treatment or hospitalization.

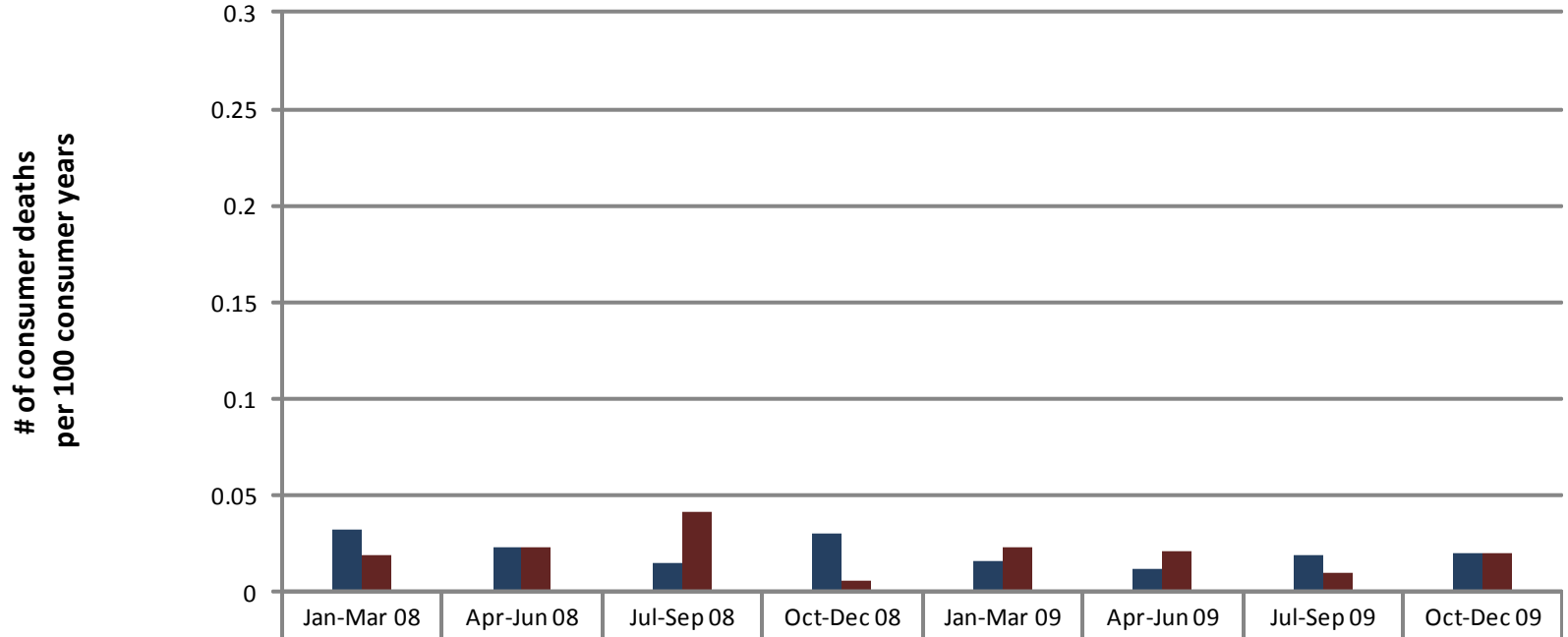
Division of DD
Average Age at Death



	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09
Average Age at Death - DD Hab Center	53.29	59.14	64.50	58.00	52.67	61.33	54.75	54.50
Average Age at Death - DD Community	45.49	51.51	46.36	46.5	48.28	49.72	44.8	45.18
Number of Deaths - All DD	42	26	23	32	25	32	18	36
Total Number of Deaths in DD Hab Centers	8	6	4	8	4	3	5	6
Total Number of Deaths in DD Community	34	20	19	24	21	29	13	30
Average Age at Death All Missouri	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6

NOTE: Data reflects only consumers in residential (24 hour) care.

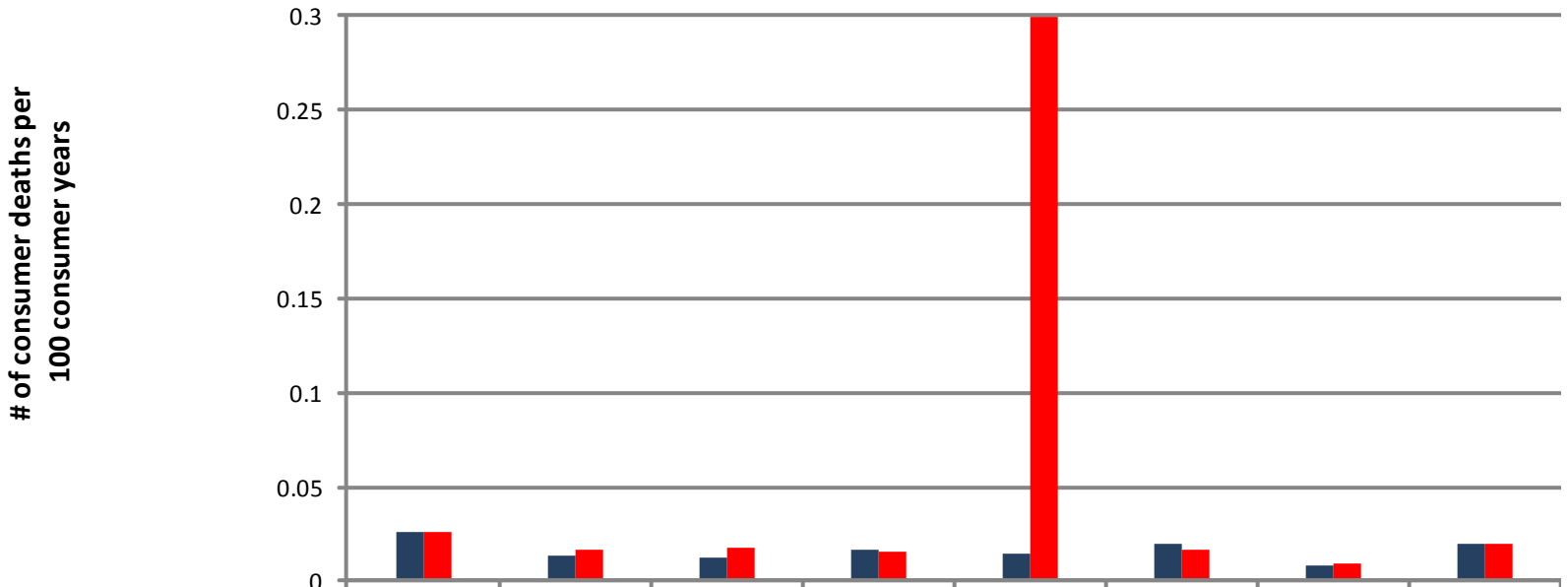
Division of DD Habilitation Center Mortality Rates



	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09
# DDD Hab Center Deaths	8	6	4	8	4	3	5	6
DDD Hab Center Deaths / 100 Client Years	0.03	0.02	0.02	0.03	0.02	0.01	0.02	0.02
DDD Hab Center Age Adjusted Deaths / 100 Client Years	0.02	0.02	0.04	0.01	0.02	0.02	0.01	0.02
DDD Hab Center Consumer Years	245.58	259.03	261.88	261.90	257.17	261.53	265.66	266.94

NOTE: Literature search for comparable benchmarks showed much variation on how deaths and mortality data are reported; thus a comparable, meaningful benchmark has not yet been identified.

Division of DD
Community Mortality Rates

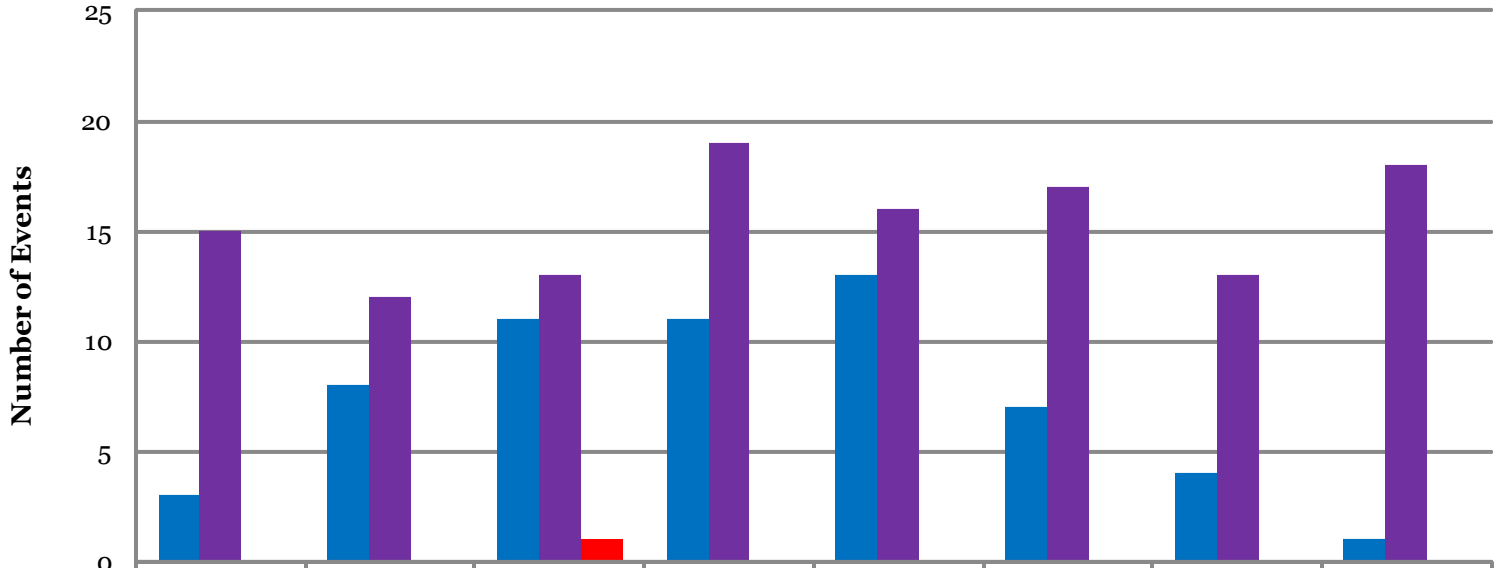


	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09
# DDD Community 24*7 Deaths	34	20	19	24	21	29	13	30
DDD Community 24*7 Deaths / 100 Client Years	0.03	0.01	0.01	0.02	0.01	0.02	0.01	0.02
DDD Community 24*7 Age Adjusted Deaths / 100 Client Years	0.03	0.02	0.02	0.02	0.31	0.02	0.01	0.02
DDD Community 24*7 Client Years	1328.86	1472.31	1485.09	1957.50	1468.00	1480.07	1516.44	1581.45

NOTE: Data only reflects consumers residing in residential settings. Ten of 30 deaths were unexpected. Literature search for comparable benchmarks showed much variation on how deaths and mortality data are reported; thus a comparable, meaningful benchmark has not yet been identified.

Division of Alcohol and Drug Abuse

ADA Inquiries into Potential Abuse/Neglect Allegations

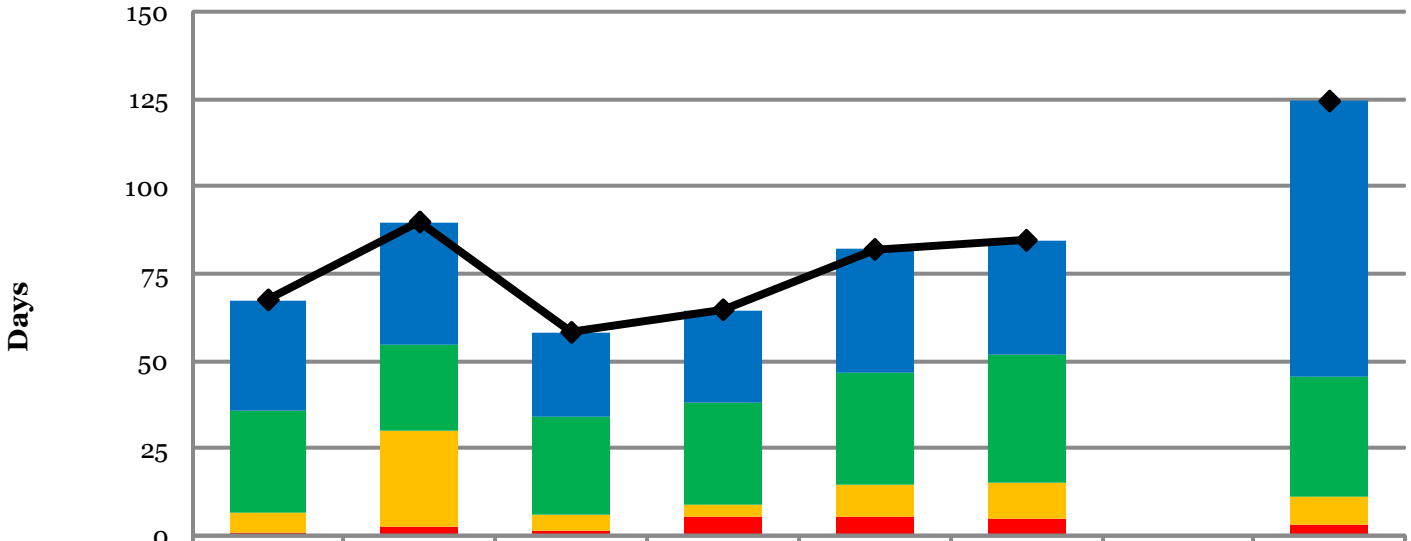


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
CO Investigations Opened	3	8	11	11	13	7	4	1
Inquiries	15	12	13	19	16	17	13	18
Decisions Pending	0	0	1	0	0	0	0	0

NOTE: Data is based on the Event Date, not the date the incident was reported. If an allegation is made but has not yet been assigned an investigation or inquiry, it is counted as "pending". If an event initially had an inquiry and was elevated to an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases under review.

Significance: All but one potential abuse/neglect allegation have had an inquiry or investigation. The one allegation was made during the course of another investigation.

ADA Community Investigations Timelines

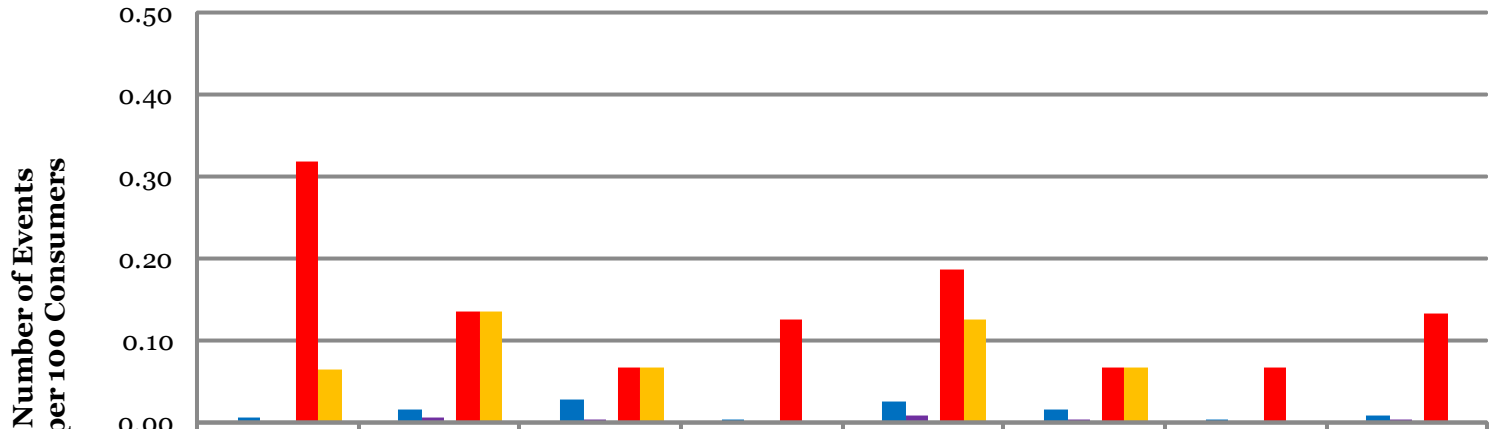


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
ADA Community Event Count	7	6	7	4	9	5	0	5
Inv. Final Report to Final Determ.	31.7	35.2	24.4	26.8	35.2	32.6		79
Inv. Request to Final Report	29.4	24.7	28.0	29.3	32.2	36.8		34
Event Report to Inv. Request	5.6	27.3	4.4	3.0	9.0	10.0		8
Event Discovery to Report	0.9	2.7	1.4	5.8	5.6	5.2		3.4
Total Investigation Time (90%)	67.6	89.8	58.3	64.8	82.0	84.6		124.4

NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, whereas the black line includes 90% of all cases in order to show typical timelines excluding the top 10% outliers.

Significance: ADA community investigations are realtively few and are conducted in a timely manner with some variance in the Jul-Sep 2008 quarter due to staff turnover . There was also variance in the Jan-Mar 2010 quarter due to no final determinations in Oct-Dec 2009.

ADA Abuse/Neglect Investigations

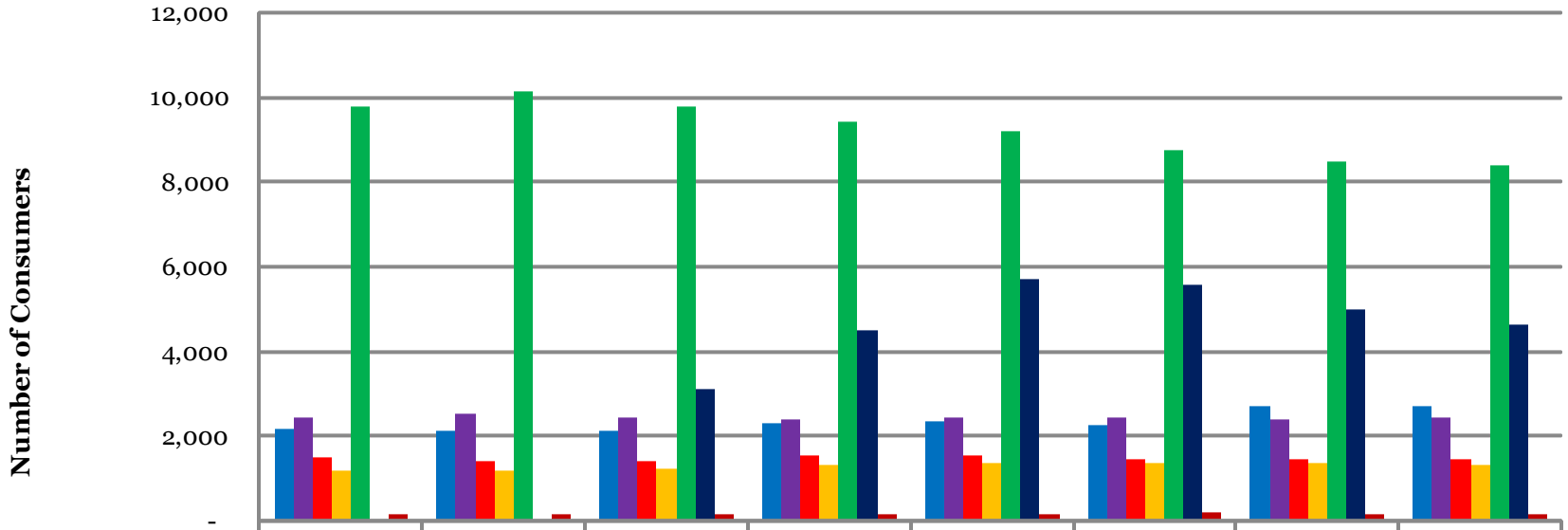


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
# Adult Consumers	19,038	19,045	21,274	23,035	23,902	23,174	22,051	22,076
Adult A/N Investigations Completed	1	3	6	1	6	4	1	2
Adult A/N Investigations Rate	0.005	0.016	0.028	0.004	0.025	0.017	0.005	0.009
Adult A/N Substantiated	0	1	1	0	2	1	0	1
Adult A/N Substantiation Rate	0.000	0.005	0.005	0.000	0.008	0.004	0.000	0.005
# Youth Consumers	1,565	1,462	1,481	1,589	1,602	1,512	1,487	1,489
Youth A/N Investigations Completed	5	2	1	2	3	1	1	2
Youth A/N Investigations Rate	0.319	0.137	0.068	0.126	0.187	0.066	0.067	0.134
Youth A/N Substantiated	1	2	1	0	2	1	0	0
Youth A/N Substantiation Rate	0.064	0.137	0.068	0.000	0.125	0.066	0.000	0.000

NOTE: The above statistics do NOT include substantiations with only Neglect 2 or Verbal Abuse findings. Investigations and substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, Investigation and substantiation counts reflect cases finalized in the quarter.

Significance: ADA has relatively few abuse/neglect investigations and substantiations each quarter.

ADA Consumers Served By Program

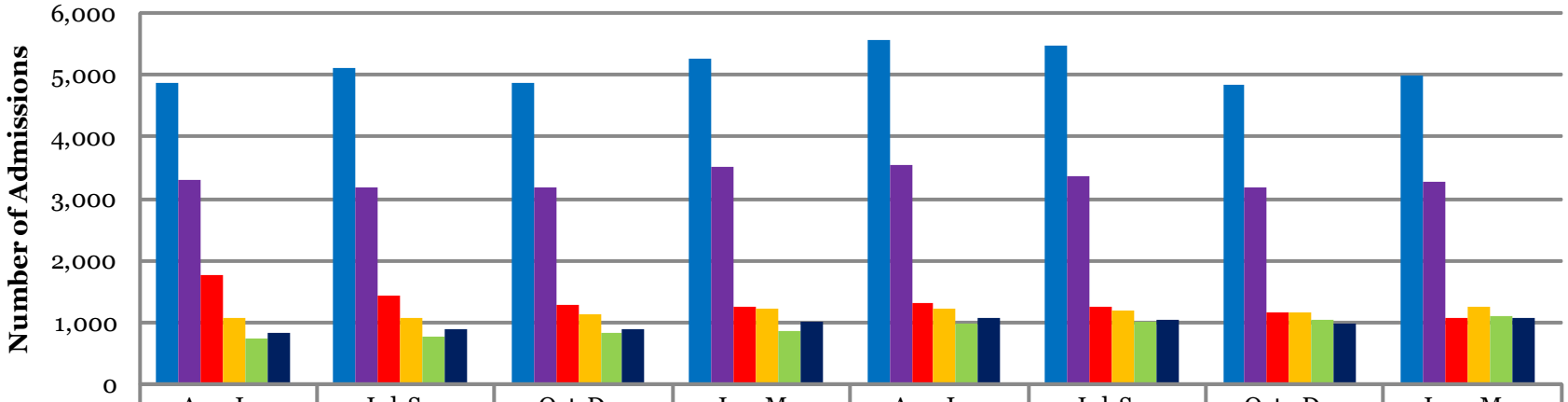


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
CSTAR Gen Adult	2,171	2,138	2,145	2,283	2,341	2,267	2,721	2,699
CSTAR W&C	2,458	2,509	2,445	2,406	2,434	2,436	2,376	2,441
CSTAR Adol	1,502	1,405	1,429	1,529	1,538	1,454	1,435	1,458
Opioid Tx	1,190	1,203	1,236	1,303	1,355	1,366	1,344	1,312
Primary Recovery & Tx	9,792	10,151	9,759	9,436	9,187	8,736	8,474	8,412
ADA DOC Programs	-	1	3,107	4,481	5,687	5,591	4,991	4,617
Compulsive Gambling	148	155	166	168	178	188	162	141

NOTE: Consumers could be enrolled in more than one program during the quarter. For example, a consumer will generally be enrolled in both an Opioid Treatment program and a CSTAR or a Primary Recovery Program.

Significance: The CSTAR General Adult program has seen an increase in number served while the other CSTAR programs and Compulsive Gambling programs have a fairly constant rate of consumers served. Primary Recovery and ADA DOC programs have had a decline in number of consumers served due to CSTAR conversions and cuts to General Revenue.

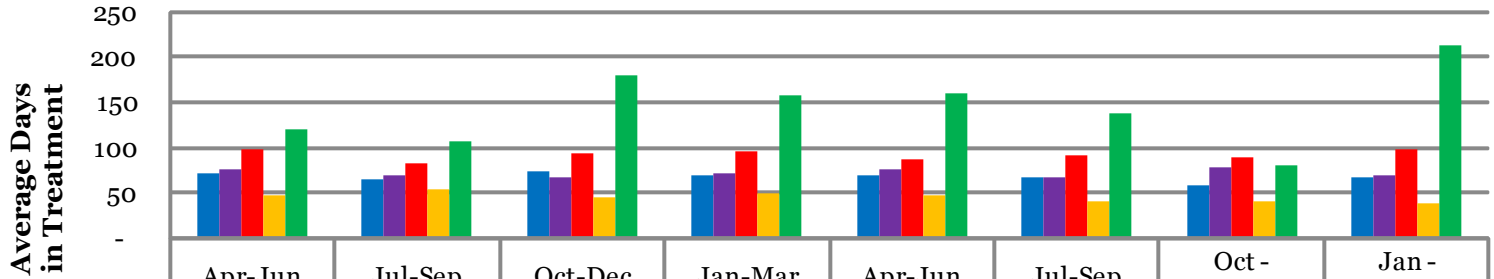
ADA Drug of Choice at Admission



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Alcohol	4,857	5,104	4,876	5,261	5,552	5,463	4,843	4,994
% Alcohol	38.6%	40.9%	39.9%	40.1%	40.5%	41.0%	39.1%	39.2%
Marijuana	3,306	3,196	3,194	3,529	3,558	3,372	3,189	3,261
% Marijuana	26.3%	25.6%	26.2%	26.9%	26.0%	25.3%	25.8%	25.6%
Cocaine	1,772	1,443	1,293	1,240	1,328	1,240	1,149	1,070
% Cocaine	14.1%	11.6%	10.6%	9.5%	9.7%	9.3%	9.3%	8.4%
Methamphetamine	1,070	1,068	1,119	1,213	1,224	1,202	1,178	1,240
% Methamphetamine	8.5%	8.6%	9.2%	9.2%	8.9%	9.0%	9.5%	9.7%
Heroin	754	774	826	869	976	1,002	1,044	1,088
% Heroin	6.0%	6.2%	6.8%	6.6%	7.1%	7.5%	8.4%	8.5%
Other Drugs	822	890	901	1,007	1,065	1,056	979	1,076
% Other Drugs	6.5%	7.1%	7.4%	7.7%	7.8%	7.9%	7.9%	8.5%

Significance: Alcohol and marijuana admissions are fairly constant at 40% and 26% respectively. Over the past 24 months, there has been a 2.5% increase in heroin admissions; 1.3% increase in methamphetamine admissions; and 5.7% decrease in cocaine admissions. There was a 2% increase in other drugs due to the increase in consumers seeking treatment for dependence on

ADA Retention In Treatment



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
CSTAR Gen Adult - N	1,212	1,094	1,047	1,172	1,280	1,227	1,196	1,178
CSTAR Gen Adult - Avg Days	71	64	73	70	69	66	58	67
CSTAR W&C - N	1,288	1,234	1,177	1,181	1,188	1,124	1,074	908
CSTAR W&C - Avg Days	76	69	66	72	75	67	78	70
CSTAR Adol - N	796	638	667	689	760	721	610	540
CSTAR Adol - Avg Days	97	83	93	95	88	91	89	98
Primary Recovery & Tx - N	6,339	6,519	5,936	5,853	6,536	5,671	5,022	4,390
Primary Recovery & Tx - Avg Days	47	53	45	49	47	40	40	39
Compulsive Gambling - N	48	29	55	34	49	63	42	15
Compulsive Gambling - Avg Days	120	108	180	158	161	137	81	214
# of Outliers	481	485	533	507	579	477	419	360

NOTE: Average days in treatment include both residential and outpatient services with the exception of Compulsive Gambling which only includes outpatient services. Length of stay was calculated using the program admission date and the last date of billable service. Outliers greater than two standard deviations above the mean were not included when calculating the average length of stay. *Primary Recovery & Tx does NOT include Corrections Primary Recovery Plus.*

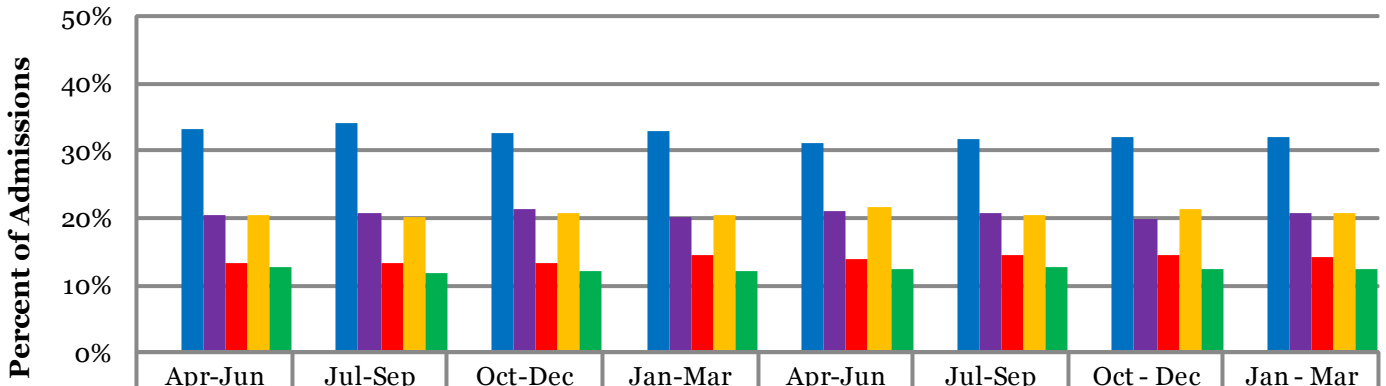
NIDA's Principles of Drug Addiction Treatment states: "The appropriate duration for an individual depends on the type and degree of his or her problem and needs. Research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment."

Significance: Retention in Primary Recovery is decreasing. CSTAR General Adult has an average retention over the past 24 months of 67 days. CSTAR Women and Children has an average retention of 70 days. Over the past 24 months CSTAR Adolescent retention has averaged approximately 90 days. Compulsive Gambling average retention varies due to the low number of discharges.

NOTE: One recent study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.[1]

[1]Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62

ADA Adult Treatment
Admissions With Prior ADA Treatment Episodes



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Adult Consumers Admitted to Tx	7,692	8,418	8,887	9,372	9,592	9,309	8,823	8,862
Adult Consumers with Previous Tx	5,147	5,552	5,990	6,290	6,617	6,369	6,006	6,032
Adult Consumers Admitted with Previous Tx Pct	66.9%	66.0%	67.4%	67.1%	69.0%	68.4%	68.1%	68.1%
0 Prior Tx Episodes	2,545	2,866	2,897	3,082	2,975	2,940	2,817	2,830
0 Prior Tx Episodes Pct	33.1%	34.0%	32.6%	32.9%	31.0%	31.6%	31.9%	31.9%
1 Prior Tx Episode	1,565	1,736	1,893	1,883	2,021	1,919	1,747	1,826
1 Prior Tx Episode Pct	20.3%	20.6%	21.3%	20.1%	21.1%	20.6%	19.8%	20.6%
2 Prior Tx Episodes	1,033	1,124	1,172	1,357	1,347	1,346	1,269	1,265
2 Prior Tx Episodes Pct	13.4%	13.4%	13.2%	14.5%	14.0%	14.5%	14.4%	14.3%
3 - 5 Prior Tx Episodes	1,572	1,690	1,854	1,909	2,068	1,905	1,883	1,848
3 - 5 Prior Tx Episodes Pct	20.4%	20.1%	20.9%	20.4%	21.6%	20.5%	21.3%	20.9%
6 + Prior Tx Episodes	977	1,002	1,071	1,141	1,181	1,199	1,107	1,093
6 + Prior Tx Episodes Pct	12.7%	11.9%	12.1%	12.2%	12.3%	12.9%	12.5%	12.3%

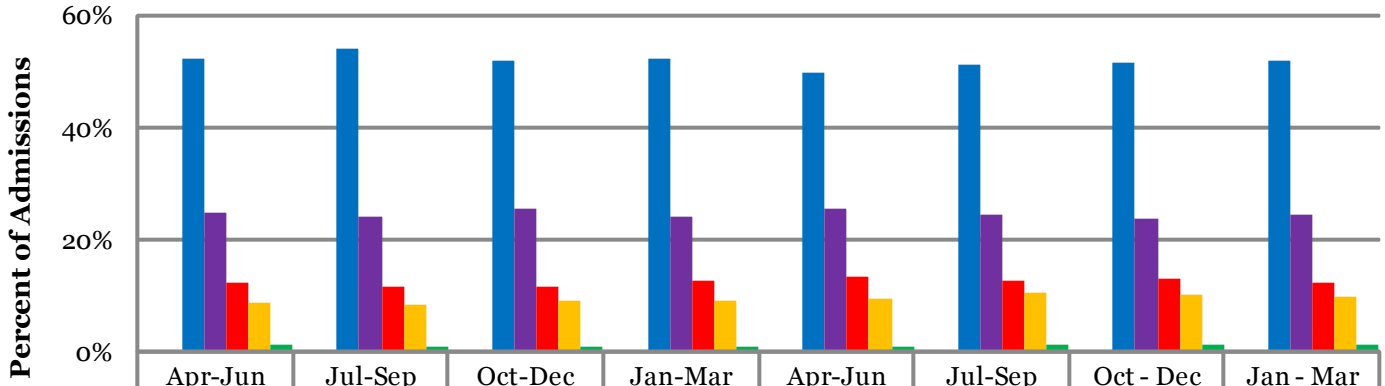
NOTE: The data above includes treatment programs only. Detox, SATOP, Recovery Support and Compulsive Gambling episodes of care were not included.

Significance: Approximately 2/3 of ADA consumers have had a prior treatment episode in his/her lifetime. Relapse is a part of the disease process and can be managed and minimized with appropriate treatment and aftercare.

NOTE: One recent study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.[1]

[1]Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62

ADA Adult Treatment
Admissions With Prior ADA Treatment Episodes in Past 36 Months

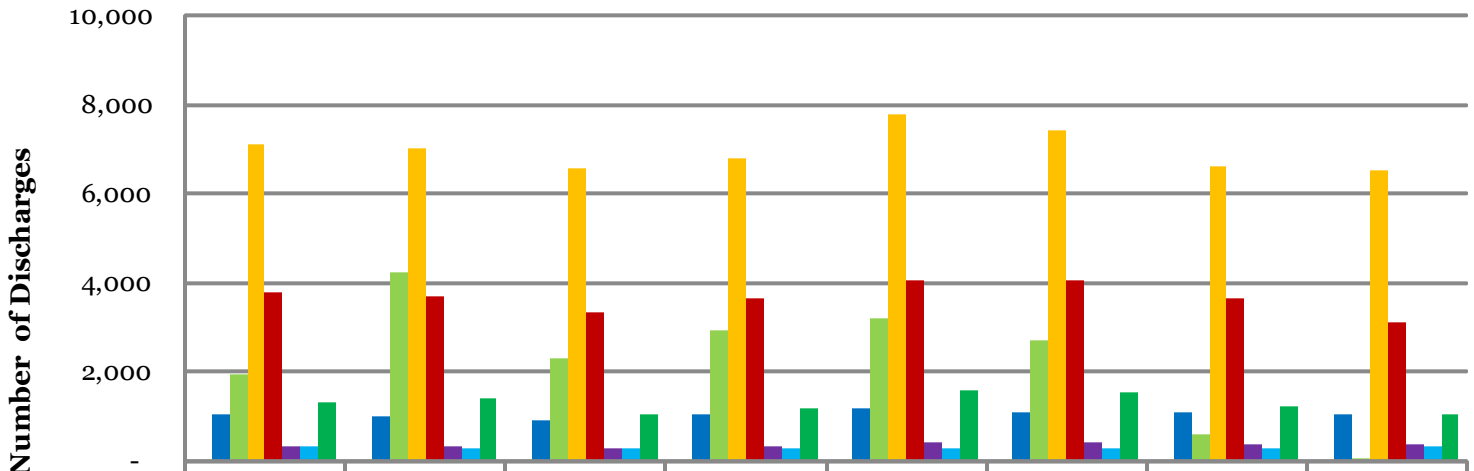


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Adult Consumers Admitted to Tx	7,692	8,418	8,887	9,372	9,592	9,309	8,823	8,862
Adult Consumers with Previous Tx	3,682	3,870	4,257	4,470	4,804	4,536	4,266	4,271
Adult Consumers Admitted with Previous Tx Pct	47.9%	46.0%	47.9%	47.7%	50.1%	48.7%	48.4%	48.2%
0 Prior Tx Episodes	4,010	4,548	4,630	4,902	4,788	4,773	4,557	4,591
0 Prior Tx Episodes Pct	52.1%	54.0%	52.1%	52.3%	49.9%	51.3%	51.6%	51.8%
1 Prior Tx Episode	1,923	2,047	2,268	2,269	2,450	2,270	2,093	2,185
1 Prior Tx Episode Pct	25.0%	24.3%	25.5%	24.2%	25.5%	24.4%	23.7%	24.7%
2 Prior Tx Episodes	966	992	1,055	1,211	1,311	1,174	1,150	1,092
2 Prior Tx Episodes Pct	12.6%	11.8%	11.9%	12.9%	13.7%	12.6%	13.0%	12.3%
3 - 5 Prior Tx Episodes	692	729	834	876	936	978	911	884
3 - 5 Prior Tx Episodes Pct	9.0%	8.7%	9.4%	9.3%	9.8%	10.5%	10.3%	10.0%
6 + Prior Tx Episodes	101	102	100	114	107	114	112	110
6 + Prior Tx Episodes Pct	1.3%	1.2%	1.1%	1.2%	1.1%	1.2%	1.3%	1.2%

NOTE: The above data includes only treatment programs within 36 months of consumers' last admission within the quarter. Detox, SATOP, Recovery Support and Compulsive Gambling episodes of care were not included.

Significance: Half of admissions are for consumers who have not been enrolled in a treatment episode of care within the past 36 months. Approximately 11% of consumers admitted to a treatment episode of care have had 3 or more prior treatment episodes of care within the past 36 months.

ADA Discharges



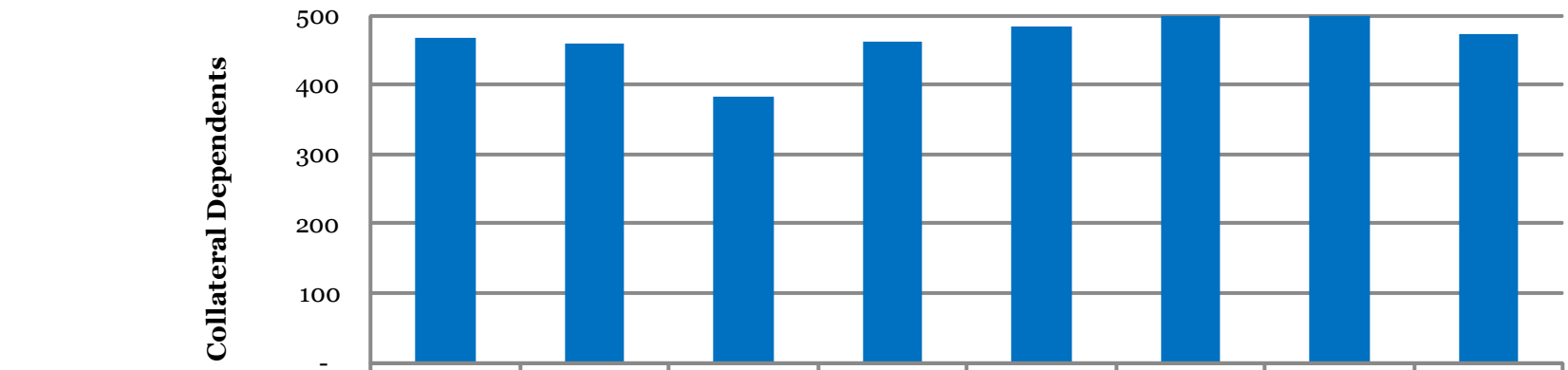
	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Total Discharges	15,792	17,881	14,672	16,150	18,464	17,440	13,804	12,379
Agency Initiated	1,029	981	914	1,022	1,180	1,095	1,076	1,047
Auto Discharges	1,916	4,225	2,292	2,932	3203	2710	592	3
Completed Treatment	7,117	7,023	6,559	6,774	7,764	7,399	6,601	6,509
Consumer Initiated	3,799	3,672	3,335	3,631	4,050	4,030	3,657	3,112
Law Enforcement Initiated	323	329	254	335	420	404	378	355
Other Discharges	322	275	273	272	288	288	275	333
Transferred	1,286	1,376	1,045	1,184	1,559	1,514	1,225	1,020

NOTE: Other discharges category includes the following discharge reasons: consumer died; consumer moved away; medical reasons.

NOTE: On July 25, 2008 the monthly Auto Discharge program was implemented and closed all episodes of care that had no service or billing activity within the past six months. The episode of care was closed and the discharge date was set to the last date of billable service. This will cause an increase in the number of Auto Discharges in previous quarters. The spike in number of auto discharges for the Jul-Sep 2008 quarter is due to three ADA DOC programs being closed on September 30, 2008. Data is unduplicated by consumer. The consumer's first discharge within the quarter is taken.

Significance: Slightly less than half of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion.

Collateral Dependents Served



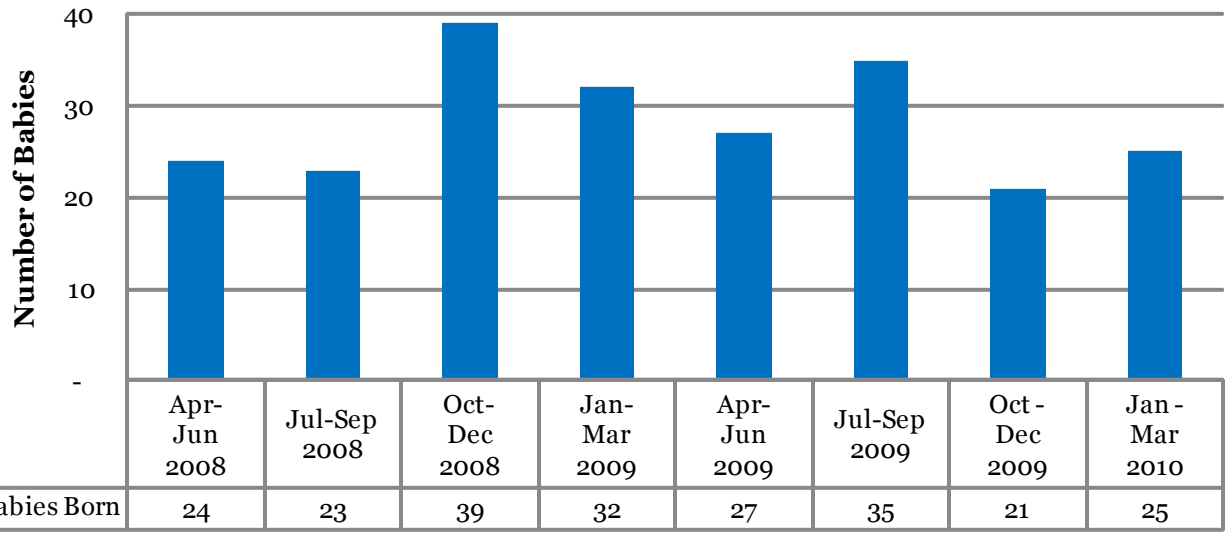
	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Collateral Dependents Served	466	458	383	461	483	561	535	474

NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

Significance: This chart shows the number of collateral dependents served each quarter. This number will vary each quarter due to several factors including number of consumers in treatment and number of consumers with children and/or a significant other.

During 2007, there were 322 newborns affected by illicit drugs. The average number of drug affected births per quarter is 80. However, these numbers are under-reported due to lack of standards for reporting. Missouri Department of Health and Senior Services, Bureau of Health Informatics. Patient Abstract System

Babies Born Drug Free

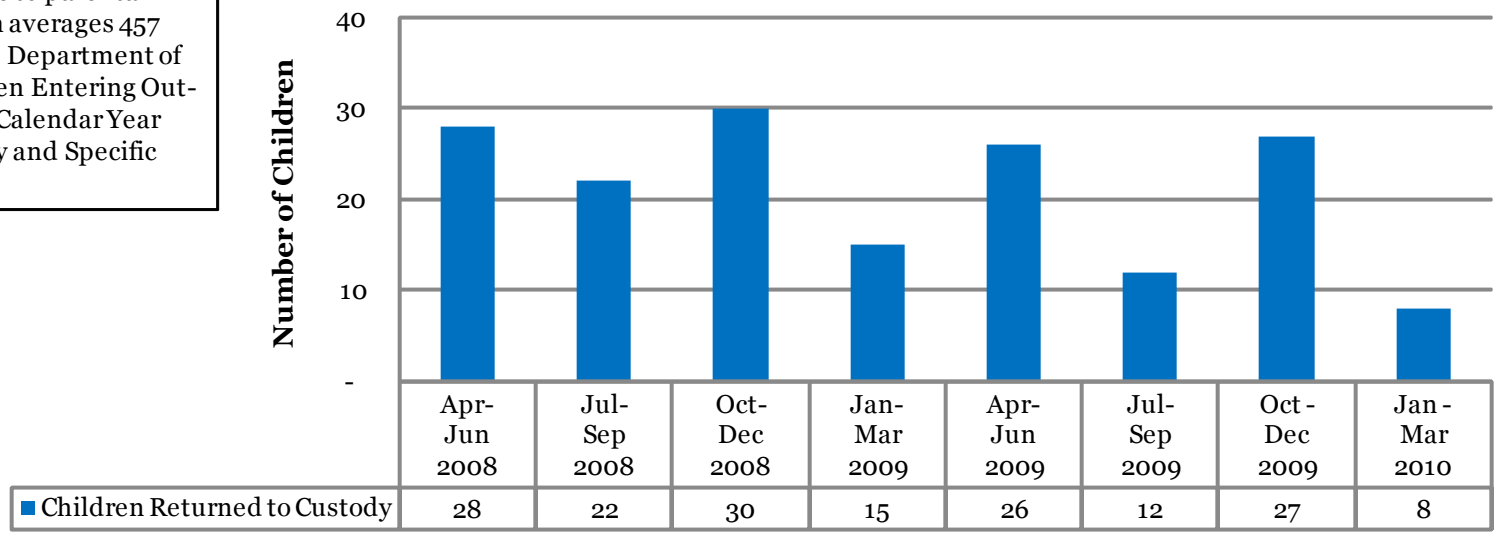


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Drug Free Babies Born	24	23	39	32	27	35	21	25

Significance: The chart shows the number of babies born drug free to consumers enrolled in the CSTAR Women & Children's program. The number will vary due to several factors including number of pregnant women enrolled in the program, how late in the pregnancy the consumer seeks treatment, and substance abused. Since April 2008, the CSTAR Women & Children's program has provided treatment to pregnant females which resulted in 226 drug free births that without treatment may have been affected by alcohol or illicit drugs.

Children Returned to Custody

During 2009, there were 1,827 children removed from their homes due to parental alcohol and/or drug use which averages 457 children per quarter. Missouri Department of Social Services report - Children Entering Out-Of-Home Placements During Calendar Year 2009 By Case Manager County and Specific Removal Reason

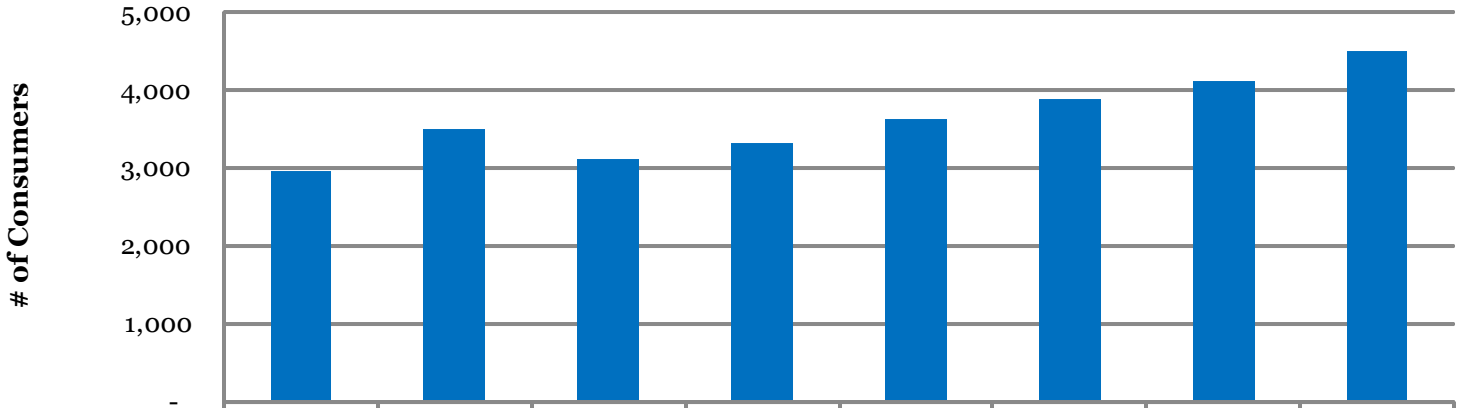


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Children Returned to Custody	28	22	30	15	26	12	27	8

NOTE: Data for children returned to mother's custody is currently collected in the CSTAR Women & Children's program.

Significance: The chart shows the number of children returned to their mother while the mother was enrolled in a CSTAR Women & Children's program. The number will vary each quarter due to several factors such as, number of women enrolled who have had children removed from custody and the number of children in the family.

Consumers Receiving Recovery Support

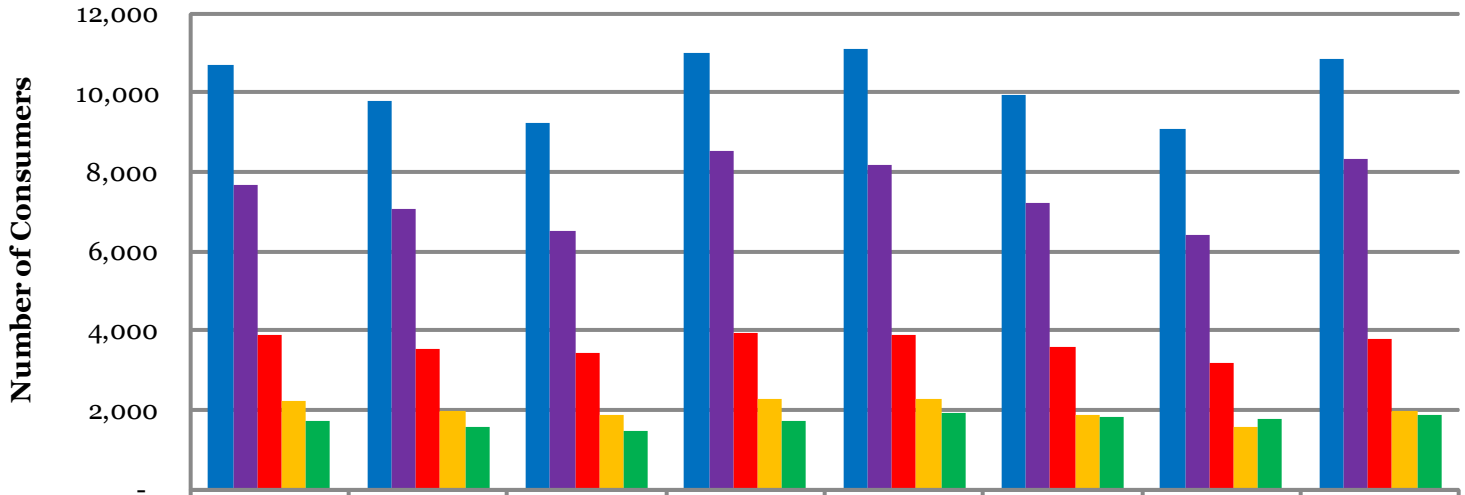


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Consumers Receiving Recovery Support	2,954	3,481	3,101	3,324	3,609	3,890	4,111	4,490

NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. ATR II funded recovery support services include care coordination, re-entry coordination, child care, drop-in center, brief periods of supportive housing, family engagement, pastoral counseling, recovery mentoring, spiritual life skills, transportation, and work preparation.

Significance: One of ADA's goals is to increase the number of consumers receiving recovery support services. The data suggests that ADA is accomplishing this goal.

ADA Substance Abuse Traffic Offenders Program (SATOP) Consumers Served



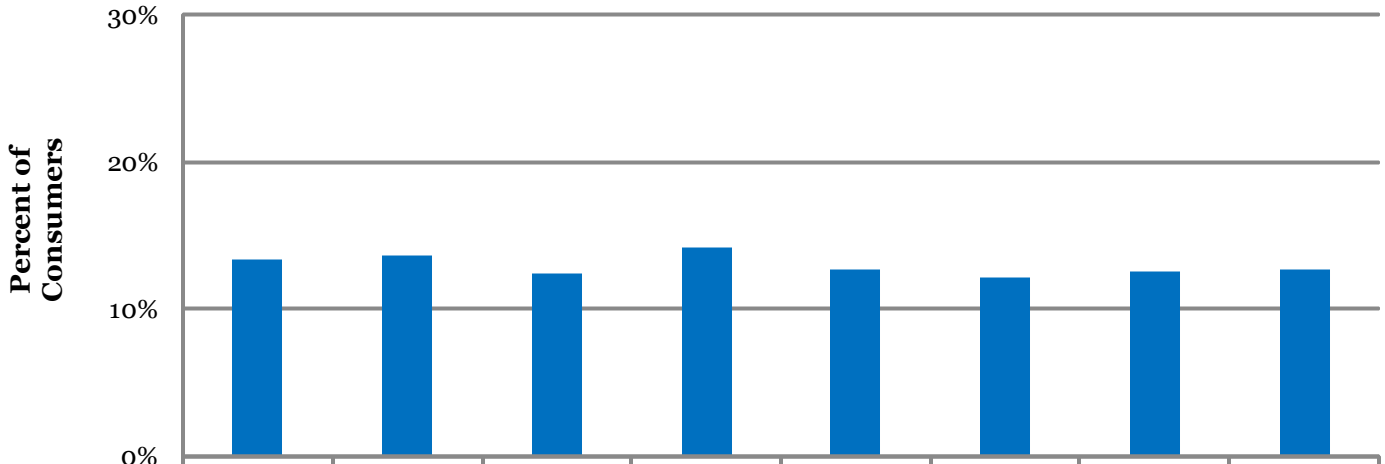
	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Unduplicated Number of SATOP Consumers	10,692	9,798	9,213	10,995	11,111	9,962	9,091	10,872
SATOP Screened	7,678	7,074	6,519	8,554	8,173	7,225	6,390	8,330
Education Pgm	3,901	3,537	3,450	3,947	3,878	3,561	3,195	3,778
Weekend Intervention Pgm	2,202	1,959	1,860	2,258	2,272	1,874	1,550	1,993
Clinical Treatment Pgm	1,705	1,574	1,448	1,702	1,901	1,810	1,764	1,868

NOTE: The number screened will not equal the sum of the programs due to consumers having up to 6 months to complete the assigned program. Consumers may also decide to complete a comparable program that is more intensive than the one recommended by the screening.

NOTE: Clinical treatment program includes clinical intervention, youth clinical intervention and the Serious & Repeat Offender program.

Significance: The data shows a trend of increased screenings in the Jan-Mar quarter which is due in part to the increased number of DWIs cited over the holidays. Education, Weekend Intervention and clinical treatment programs tend to have more consumers between January and June each year.

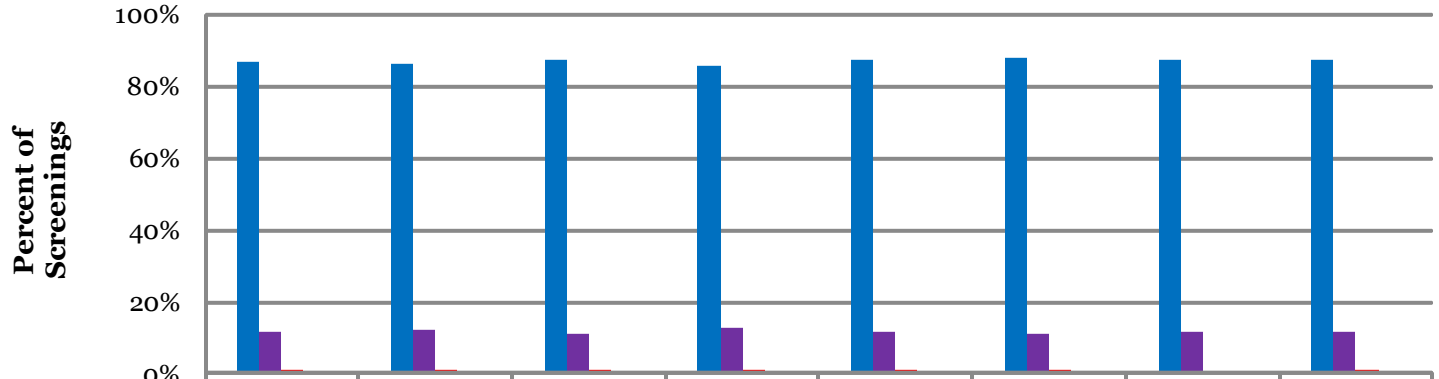
ADA Substance Abuse Traffic Offenders Program (SATOP) With A Previous Referral



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
SATOP Screened or Assigned to Comparable Pgm	8,617	7,837	7,228	9,379	9,242	7,994	7,118	9,209
Consumers Screened with Previous Screening	1,144	1,063	899	1,330	1,173	965	890	1,160
Consumers Screened with Previous Screening Pct	13.3%	13.6%	12.4%	14.2%	12.7%	12.1%	12.5%	12.6%

Significance: Majority of consumers receiving a SATOP screening have not had a prior SATOP screening within the past five years.

ADA Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years

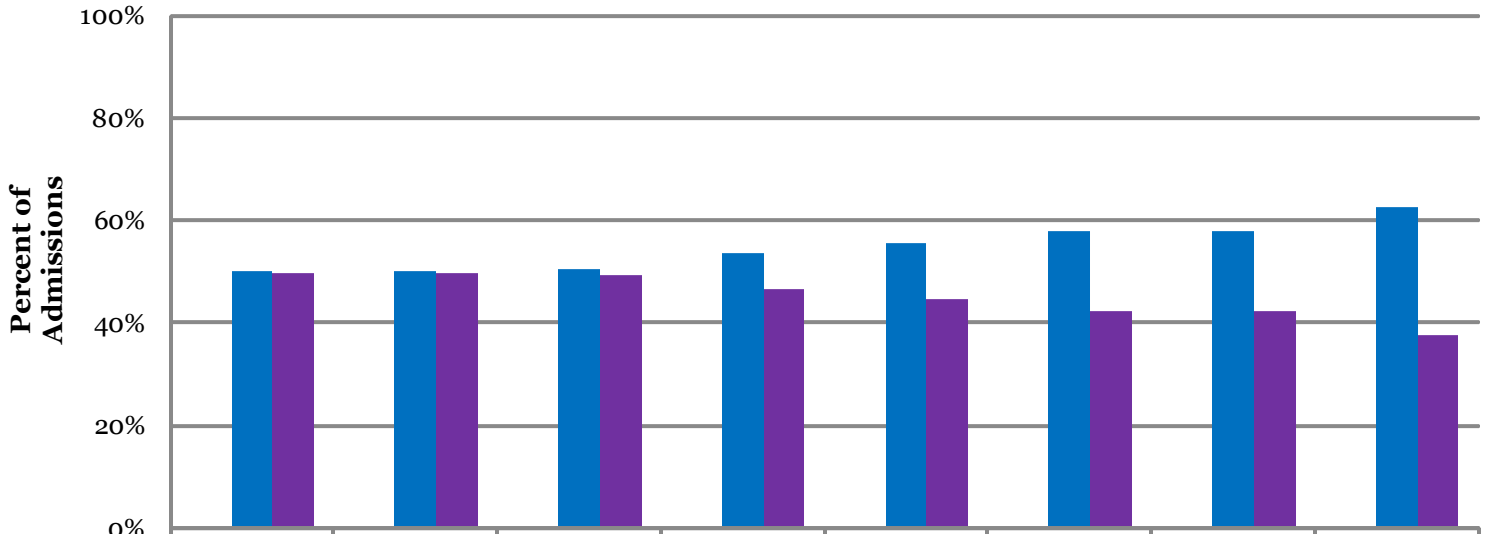


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
SATOP Screened or Assigned to Comparable Pgm	8,617	7,837	7,228	9,379	9,242	7,994	7,118	9,209
0 Prior Screening	7,473	6,774	6,329	8,049	8,069	7,029	6,228	8,049
0 Prior Screening Pct	86.7%	86.4%	87.6%	85.8%	87.3%	87.9%	87.5%	87.4%
1 Prior Screening	1,018	961	815	1,206	1,078	880	829	1,078
1 Prior Screening Pct	11.8%	12.3%	11.3%	12.9%	11.7%	11.0%	11.6%	11.7%
2 Prior Screenings	116	90	77	112	84	78	57	77
2 Prior Screenings Pct	1.3%	1.1%	1.1%	1.2%	0.9%	1.0%	0.8%	0.8%
3 Prior Screenings	9	12	6	11	11	7	4	4
3 Prior Screenings Pct	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
4+ Prior Screenings	1	0	1	1	0	0	0	1
4+ Prior Screenings Pct	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NOTE: A change in methodology was made. All data reflects number of previous screenings within the past 5 years of consumers' last SATOP screening within the reported quarter. This will eliminate the problem of the increased time span for re-offense of consumers with a screening in the most recent quarter.

Significance: The majority of the consumers with at least 1 prior SATOP screening have had only 1 prior screening.

Medicaid Eligiblity for ADA CSTAR Admissions

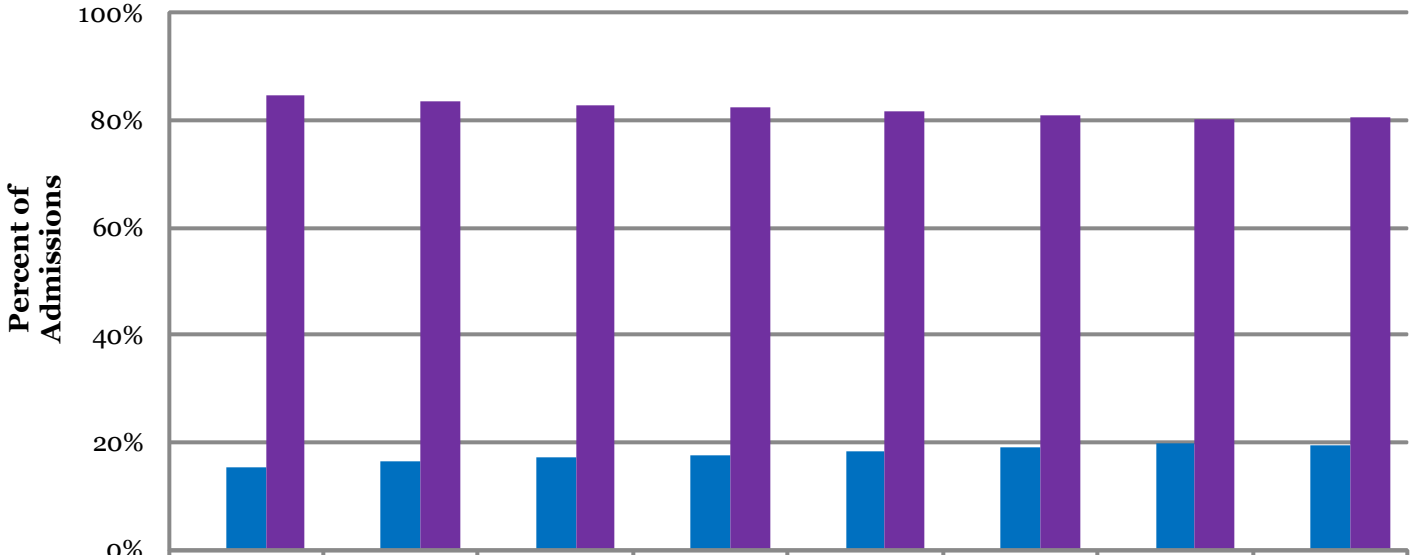


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
CSTAR Admissions	6,584	6,512	6,432	6,729	6,857	6,622	6,926	6,999
CSTAR Medicaid Eligible	3,307	3,265	3,253	3,609	3,800	3,825	4,012	4,382
% CSTAR Medicaid Eligible	50.2%	50.1%	50.6%	53.6%	55.4%	57.8%	57.9%	62.6%
CSTAR Not Eligible	3,277	3,247	3,179	3,120	3,057	2,797	2,914	2,617
%CSTAR Not Eligible	49.8%	49.9%	49.4%	46.4%	44.6%	42.2%	42.1%	37.4%

NOTE: CSTAR programs include CSTAR Women & Children, CSTAR Women & Children Enhanced, CSTAR Women & Children Alt Care, CSTAR Adolescent, CSTAR General Adult and CSTAR General Adult Enhanced.

Significance: Since April 2008, the percentage of consumers in CSTAR programs who are Medicaid eligible has increased. This may be due to a number of factors such as changes in Medicaid eligibility, ADA's spending restriction of General Revenue causing a reduction in the number of non-eligible consumers who can be served, and ADA providers converting to CSTAR programs.

Medicaid Eligiblity for ADA Non CSTAR Admissions

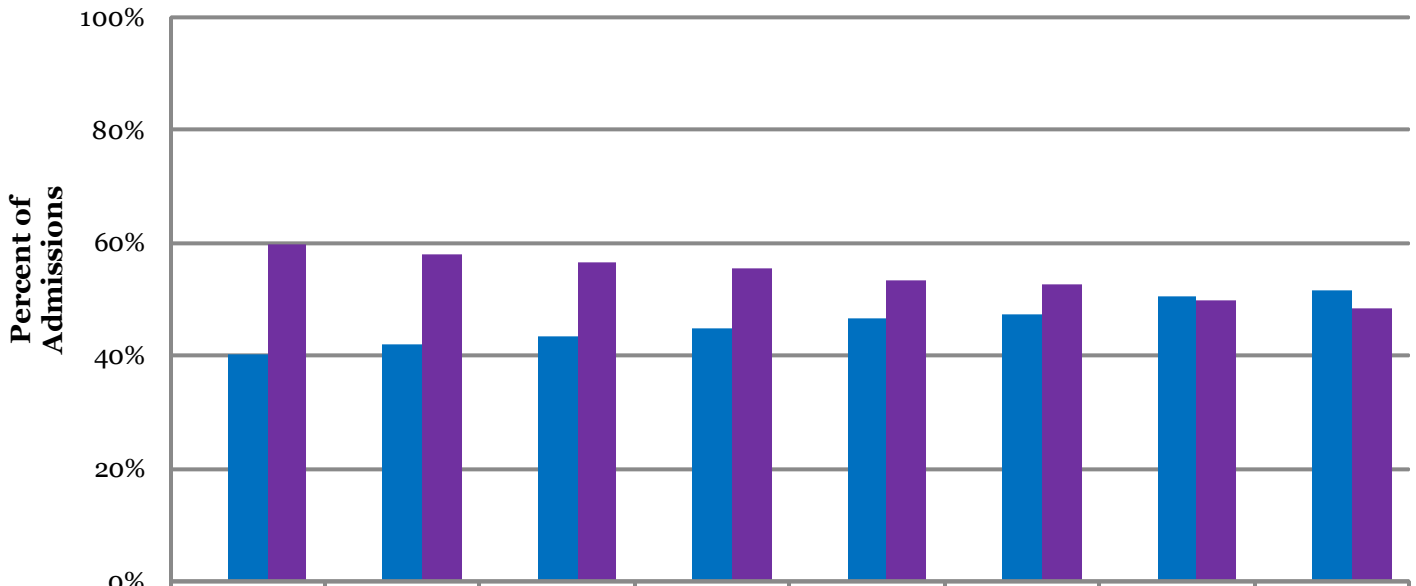


	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Non CSTAR Admissions	9,917	10,272	12,780	13,795	14,455	14,299	13,409	13,103
Non CSTAR Medicaid Eligible	1,531	1,707	2,191	2,446	2,633	2,723	2,643	2,564
% Non CSTAR Medicaid Eligible	15.4%	16.6%	17.1%	17.7%	18.2%	19.0%	19.7%	19.6%
Non CSTAR Not Eligible	8,386	8,565	10,589	11,349	11,822	11,576	10,766	10,539
% Non CSTAR Not Eligible	84.6%	83.4%	82.9%	82.3%	81.8%	81.0%	80.3%	80.4%

NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and ADA General Treatment.

Significance: Since April 2008, the percentage of consumers in non-CSTAR programs who are Medicaid eligible has increased. This may be due to a number of factors such as changes in Medicaid eligibility, ADA's spending restriction of General Revenue causing a reduction in the number of non-eligible consumers who can be served, and ADA providers converting to CSTAR programs.

Medicaid Eligiblity for ADA Opioid Admissions



	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct - Dec 2009	Jan - Mar 2010
Opioid Admissions	1,213	1,222	1,252	1,323	1,372	1,383	1,361	1,320
Opioid Medicaid Eligible	487	513	545	592	641	655	685	680
% Opioid Medicaid Eligible	40.1%	42.0%	43.5%	44.7%	46.7%	47.4%	50.3%	51.5%
Opioid Not Eligible	726	709	707	731	731	728	676	640
% Opioid Not Eligible	59.9%	58.0%	56.5%	55.3%	53.3%	52.6%	49.7%	48.5%

Significance: The percentage of Medicaid eligible admissions is increasing due to at least a couple of factors: increase in Medicaid eligible population and ADA's spending restriction of general revenue reduces the number of non-eligible consumers who can be served.

Discussion and Conclusion

Department of Mental Health safety issues are a reflection of a complex interplay of factors, including but not limited to, staffing, the acuity of consumers served, the design of the service environment, and the design of effective programming to meet the needs of consumers served. The previous charts represent DMH consumer demographics as well as status reports on safety-related indicators. Reviews and discussion of the data have generated substantive discussions at the Mental Health Commission meetings as well as inquiries about the meaning of the data and its use for consumer safety. In many instances, discussions have led to changes in data definitions and presentation to capture more accurate information and to allow comparisons, where appropriate across divisions, with the general population, or with national data sets such as The Joint Commission or comparable provider organizations. Such comparisons provide challenges and goals for quality and process improvement that can promote safe practices for DMH consumers. Mortality data has been particularly challenging due to the statistical complexities of establishing meaningful death rates for small numbers of individuals in DMH facilities and providers. Consequently, future safety reports will present an annual rather than quarterly mortaility rate.

Although the data speaks for itself, notable highlights from the preceding charts include:

Division of Comprehensive Psychiatric Services (CPS)

- Declines in CPS inpatient youth injuries correlate with reduced use of restraint and seclusion.
- Direct care vacancy rates are down, probably due to economic conditions.
- Overtime continues to be necessary in CPS facilities.
- Bed closures have increased in acute facilities due to staffing and budget shortfalls.
- Long term facilities continue to operate above capacity.
- Decrease in staff injury over three quarters is encouraging, even if not yet possible to define as a trend.
- When compared to the general population of Missourians, CPS consumers die 20-25 years earlier.

Division of Developmental Disabilities (DD)

- Experience generally lower rates of staff injury than CPS.
- High nursing vacancy rates are beginning to trend downward, while other direct care vacancy rates are generally unchanged.
- High proportions of habilitation center clients require formal behavioral support programs.
- Overtime continues to be necessary in DD facilities.
- When compared to the general population of Missourians, DD consumers die about 15 years earlier.

Although not evident in review of the data alone, the Department of Mental Health has undertaken key activities in the last year in response to the data that have relevance to safety practices at Department facilities. These include but are not limited to:

- Initiatives for safe use of restraint and seclusion, with many CPS and DD facilities continuing their efforts to reduce its use or eliminate it entirely.
- Concerted efforts to address staff injury rates at Fulton State Hospital due to high rates of staff injury and workers compensation claims.
- Diligent efforts to reduce census at facilities operating above capacity.
- Legislation to establish consequences for consumers who assault staff with bodily fluids and feces.

The routine review of performance data and trends provides a tool to continually evaluate the outcomes and success of these and future quality improvement efforts.

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http://dmh.mo.gov/spectopics/DMHSafetyReports.htm